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Official Records

8th meeting
Wednesday, 27 June 2001, 3 p.m.
New York

President: Mr. Holkeri ..... (Finland)

In the absence of the President, Mr. Abulhasan (Kuwait) took the Chair.

The meeting was called to order at 3 p.m.

Agenda item 7 (*continued*)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The Acting President: The Assembly will now hear a statement by His Excellency Mr. Hama Amadou, Prime Minister of the Republic of Niger.

Mr. Hama (Niger) (*spoke in French*): Today AIDS is the subject of this world summit because humankind has become aware of the terrible danger the illness represents to the human race. Indeed, we are all aware that AIDS spreads quickly and kills mercilessly with the complexity of the mutations of its virus, which renders human science nearly impotent in the face of this scourge. Unlike malaria, AIDS has in fact made humankind humble; it has also, however, made humankind aware of its unity and, therefore, of the need for solidarity, which must exist among members to preserve the human race.

What has happened is something we could hardly have imagined a while ago: AIDS has mobilized the world, united and in solidarity in a unanimous coalition of all nations on the planet, to face this threat and halt it. In Niger, we welcome the initiative the summit represents, and we place legitimate hopes on its full and total success.

Niger is in that part of Africa where, according to the estimates of the countries' health services, the rate of HIV is still weak, about 1.4 per cent of the general population. But this figure hardly reassures us, for in reality it rather reflects our lag in establishing ways to detect and monitor epidemics. Moreover, 1.4 per cent is still too much, particularly when we know that Niger is located at the crossroads of sub-Saharan Africa and North Africa — that is, on the route of migration towards Europe, where those who refuse to resign themselves to living in poverty and the structural shortages of the African countries are hastening to go.

Unfortunately, among their numbers must be included those who are sick who do not yet know that they are sick. In Niger, we are therefore as much concerned as the most infected countries of the region, and we consider that the campaign against AIDS within a regional and global framework must take Niger into account as a corridor for possible migration of the illness from the South toward the North. This corridor clearly must be cleaned up.

We have come here with the hope that this summit will not be a meeting of empty speeches, but, rather, a meeting of active solidarity between rich and poor, as well as one of collective responsibility of States in the struggle against the pandemic, which we must conquer by providing the necessary means. This means that in the Declaration of Commitment that we will be adopting at the end of our work, each country

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must absolutely contribute — in accordance with its own means to be sure, but bearing in mind that the war against AIDS cannot neglect any resources, since it is waters from small brooks that form great rivers.

It is precisely for this reason that His Excellency Mr. Mamadou Tandja, President of the Republic of Niger, has asked me to convey to the General Assembly and to the Secretary-General, Mr. Kofi Annan, his sincere encouragement for the latter's outstanding efforts to mobilize the special fund to combat AIDS that he initiated for the significant financial resources that this campaign needs so badly.

It is true that this fund is indispensable. Niger, naturally, will support it with full conviction, but money alone will not solve the problem of AIDS. In addition, there is a need for a strong political commitment, at the highest level, in all of our countries. There is also a need for full accessibility by people to all information available on AIDS. Taboos must be broken and sociocultural barriers lifted. In short, men and women on whom tradition is holding blind sway must be educated. Finally, antiretroviral drugs must be made financially and geographically available to all of those who are ill.

This summit prompts us to hope, and no doubt it represents a first step towards controlling the pandemic. Here we have a great opportunity for humankind, which has finally understood that no State, however rich and powerful it may be, can overcome this illness without the others. Hence, the strategy to combat the AIDS epidemic must have a global magnitude and simultaneously be based on a regional approach and subregional initiatives. In other words, we must all cooperate and stop thinking of AIDS as an illness like all the others, which one can use in commerce and profit-making.

The campaign against AIDS will certainly be very expensive. But AIDS is already costing too much in terms of human life. This summit, we believe, must first and foremost serve to mobilize the necessary financial resources and assist the weakest nations — that is, those most exposed to the rapid spread of the illness. Indeed, these countries are badly lacking in means of detection, in adequately trained health personnel and in technical equipment. But these countries are vulnerable, above all, because of the low level of education of men and women who continue to believe, unfortunately, that AIDS is merely an invention of the West, if not a shameful illness like leprosy which must be concealed.

Therefore, funds are needed — a great deal of money, for now, at $2 per day per patient in countries such as ours, people will continue to die of AIDS. The State alone cannot ensure their care, and the extremely low level of their present revenues condemn them to inevitable death.

To sum up, I wish to say that now, as I am speaking to you, to survive with AIDS one has to be either rich or live in a prosperous country. But AIDS has the mission also of destroying prosperity. This is how important it is that this summit mobilizes significant funds to provide an impetus simultaneously for research in public institutions and aid in the care of HIV-positive individuals in low-income countries. Without the hope of possible care, few people will accept voluntarily submitting to AIDS tests. Rather, they will continue to hope that they are not ill, which is only human, thus becoming the unwitting agents for the transmission of an unforgiving illness. This is why Niger has also decided to make a symbolic contribution of $50,000 to the global AIDS health fund.

The Acting President: The Assembly will now hear a statement by Her Excellency Sandra Pierantozzi, Vice President and Minister for Health of the Republic of Palau.

Ms. Pierantozzi (Palau): As all of you may know, the Republic of Palau is one of the newest Members of the United Nations, having only joined the Organization in 1994, shortly after achieving its independence on 1 October of that year. The Republic of Palau is an archipelago consisting of more than 200 small islands in the western Pacific. It is another tropical paradise in the Pacific Ocean.

Idyllic as this beautiful, seemingly carefree paradise may sound, there is trouble. Palau is not immune to the scourge of HIV/AIDS; the disease respects no boundaries and has been imported to our shores. Palau has lost two of its citizens to AIDS, with another three confirmed infected with HIV.

While these figures appear low and insignificant compared to statistics from other countries — and, in fact, statistics from the Pacific region still show low incidences of HIV/AIDS — when they are viewed in light of our small populations, the impact is enormous. For Palau's population of only 20,000, the impact is

tremendous. Given our small population and slow growth, Palau can ill afford to lose any more of its citizens to HIV/AIDS. The HIV/AIDS threat is very real to us, because if left unchecked, it could decimate our entire community in no time at all.

Like many remote islands in the vast Pacific Ocean, Palau has limited natural resources and therefore relies heavily on assistance from offshore sources. Our number-one industry is tourism. While the industry brings in needed revenues, it also brings unwanted extra baggage that puts our people at risk. Our people's propensity to travel abroad and return is another revolving door adding to this risk.

From our standpoint, the best way to effectively combat the HIV/AIDS pandemic is through massive public education on prevention through safe sex. This is especially critical among young people who are active socially, migrate around freely and are most at risk. Our efforts at public education are often hampered by cultural barriers and limited resources.

In the last few months, a young HIV-infected mother gave birth to a healthy baby. With the wonders of medical technology and protocol, our hospital was able to follow closely such protocol, according to which the mother's identity was kept confidential, and proper procedures were followed for delivery. I am pleased to report that early testing has shown the new infant to be HIV free. The new mother is doing well. Her husband has also tested negative, and with counselling, their family life has continued uninterrupted. This is a milestone in our medical history, but there is no guarantee that it can be repeated successfully.

While we strive to maintain confidentiality when appropriate, we would urge that efforts be aimed at removing the stigma and isolation associated with HIV/AIDS so that those infected may come forth without fear of ostracism. This is particularly important where an informed public could avoid further spread of the disease by those intent on spreading it around. One young man infected with HIV has courageously come forth and has been accepted by the community, and he is a powerful living testimony to the dangers of this disease.

Last, but certainly not least, I would like to say something about women with relation to the HIV/AIDS pandemic. It has been noted that women and girls bear a disproportionate share of the HIV/AIDS burden, but that women are central to prevention and treatment plans and to finding sustainable solutions to this pandemic. Having noted this, I wish to make an appeal that we ensure gender equality in strategies to address HIV/AIDS, that the disease be recognized as gender-blind — and therefore requires the attention of both men and women equally — and that women be not tasked alone with the responsibility for this affliction, which affects all of humanity.

The Republic of Palau is privileged and honoured to be part of this global effort to seek solutions to HIV/AIDS and other sexually transmitted diseases. We, too, recognize and appreciate the commitment of the Secretary-General and everyone else to fighting this disease. We recognize the devastating effects of HIV/AIDS in many large countries, but we wish to emphasize again that even our small countries are affected, too, by HIV/AIDS. We all must make sure that small countries such as my own, with limited ability to fight HIV/AIDS, are not left out of the total picture. The Republic of Palau is fully committed to these efforts to seek solutions within our lifetime.

The Acting President: I give the floor to His Excellency The Honourable John Junor, Minister for Health of Jamaica.

Mr. Junor (Jamaica): On behalf of the Government and people of Jamaica, it is a privilege for me to address the twenty-sixth special session of the General Assembly, on HIV/AIDS.

The convening of this special session should be seen a major step in intensifying international partnerships and in building consensus for action against HIV/AIDS at the global level. I wish to take this opportunity to express appreciation to the co-facilitators, Ambassador Ka of Senegal and Ambassador Wensley of Australia, for the outstanding work they have done in guiding the negotiating process for the outcome document. Jamaica also appreciates the efforts of our Secretary-General, who has taken a personal interest in advancing the fight against the epidemic.

The crisis created by HIV/AIDS has spawned significant new social, political and economic challenges, which have disproportionately affected the developing world. The current realities faced by those countries and regions most heavily affected by the crisis have generated legitimate fears of a reversal of decades of social and economic progress.

In the Caribbean, the region which is most seriously affected by HIV/AIDS after sub-Saharan Africa, AIDS has become a major threat to the most productive segment of the population. It is the leading cause of death among men and women in the 15-to-44 age group. The potential for undermining the productive capacity of crucial sectors such as education, health, agriculture and business presents a very real and formidable challenge to the sustainable development of these small economies.

Jamaica is one of the largest islands of the Caribbean, with a population of 2.5 million and a rate of HIV infection of 1 to 2 per cent of the adult population. New HIV infections in adolescents have been increasing alarmingly since 1995, and adolescent females have a three times higher risk of infection than males of the same age. The overall case fatality rate for AIDS is high, and it has contributed to an estimated 2,000 children being orphaned because of the loss of a mother or of both parents to AIDS.

As part of its response, the Jamaican Government has undertaken comprehensive measures to strengthen the provision of health care services to those affected by the illness and has intensified its campaign to promote prevention. We believe that that should be our primary response. Despite the serious financial constraints we face, we have made notable progress in important areas. The Ministry of Health has introduced a pilot programme directed at reducing mother-to-child transmission, with free HIV testing being provided to all mothers in the pilot area, as well as free antiretroviral drugs at the time of delivery and after birth for the baby. Replacement feeding for infants for up to six months is also included as part of a broad-based approach.

In the face of the costs associated with the treatment of HIV/AIDS and the overall impact of the epidemic on the economy, we will continue to make prevention a primary focus. Among our achievements in the area of prevention are gains made in lowering the rates of infection for sexually transmitted diseases, particularly infectious syphilis and congenital syphilis. We have succeeded in maintaining a lower rate of HIV infection than was suggested by the initial projections. Yet we are aware that with increasing HIV prevalence among our young people there is still urgent work to be done in controlling the spread of the disease among our population.

The Pan-Caribbean Partnership against HIV/AIDS and the Caribbean regional strategic plan of action, which were recently adopted, promote the widest participation among actors and stakeholders in our region, with each making a major contribution to the development of a comprehensive and aggressive response to the epidemic. Despite the high-level political response and the concrete multisectoral approaches that we have undertaken, countries in the region, like those in many other parts of the world, face daunting constraints; they require assistance to build capacity and to promote and sustain prevention, care and treatment interventions. We therefore welcome the proposed establishment of a global health and HIV/AIDS fund, and we hope that the allocation of resources from the fund will not be subject to bureaucratic impediments which would limit timely and adequate disbursement to those worst affected.

If we are to win the battle against this deadly illness, adequate and sustained assistance to those in need must also be accompanied by measures to increase awareness and prevention efforts, reduce stigmatization and limit the factors that make people more vulnerable, including, of course, gender inequality, social exclusion, conflict and economic deprivation.

There are no alternatives. We must act. Let us pledge to promote prevention, to ensure cheaper access to drugs and health care, and to respect the rights of those living with the disease. We must translate the rhetoric on HIV/AIDS into action. There is a moral imperative to do so. Let us pledge, therefore, to use this occasion as a platform for strengthening our collective efforts to reach concrete targets in the areas of prevention, care, treatment, research and development, and resource allocation.

There is a saying in the Caribbean: in the final analysis, when all is said and done, more must be done than said.

The Acting President: I give the floor to His Excellency Mr. José Serra, Minister of Health of Brazil.

Mr. Serra (Brazil): Twenty years have gone by since the first cases of what became known as AIDS were identified. In that short time frame, the impact of the epidemic has been devastating. Almost 60 million people have been infected with HIV. Almost 22 million

people have died. More than 36 million are living with HIV/AIDS and need treatment.

Unfortunately, the spread of the epidemic and the death rates related to AIDS are swiftly increasing in the world, and that trend will not be reversed unless the international community takes decisive action to face the huge challenge. Last year, more than 5 million people were infected, and 3 million died.

Until very recently, it was a commonplace to affirm that HIV affected the human body's immune system in the same way as the epidemic affected a country's immune system, which is composed of its people, its economy and its health and education systems. Nowadays, however, that assertion does not hold true anymore. Although we do not have a cure for AIDS, we know that consistent and courageous policies can halt the spread of the disease and can let those infected with HIV live normal and dignified lives. To meet those objectives, our commitment must contain four essential elements: prevention, treatment, human rights and resources.

Prevention and treatment are mutually reinforcing and must be considered in an integrated approach. As far as prevention is concerned, there is a wide range of measures that have proved successful, such as universal access to condoms, women's empowerment, the adoption of programmes relating to mother-to-child transmission, the implementation of strategies directed to the most vulnerable groups and to the groups at highest risk of infection and, finally, the inclusion in school curriculums of issues related to HIV/AIDS.

In Brazil, those policies have yielded excellent results, allowing us to control the transmission rate. The number of people living with HIV/AIDS now amounts to less than half of what estimates used to predict. Our integrated approach to prevention and treatment was essential in reaching that success. Because of our policy of ensuring free and universal treatment, the population feels encouraged to accept voluntary and confidential testing, improving notification of AIDS in earlier stages, which otherwise would be hidden.

Moreover, people living with HIV/AIDS are kept in close contact with the health system, both the governmental one and that of the non-governmental organizations (NGOs). These people have access to information, counselling and prevention supplies. Following the anti-AIDS treatment, they have their viral load brought down. Their self-esteem is raised. They feel more able, and are more likely than in the past to be more cautious in avoiding contaminating other persons. Thus, treatment has a positive and formidable impact on prevention, which has rightly been recognized by this special session.

1996 represents a landmark in AIDS history. It was the year in which the efficacy of the antiretroviral therapy was proven. Since then, every Brazilian living with HIV or AIDS has had free access thereto. Nowadays, almost 100,000 people are taking these drugs in Brazil. Our strategy has been paying off. The death rate has fallen by approximately 50 per cent. The hospitalization rate dropped 75 per cent, reducing indirect costs. Opportunistic diseases have substantially decreased. The epidemic has been stabilized, and our public health services are much less overburdened. Actually, providing adequate treatment has even led us to upgrade those services.

The reason for the affordability of our policy is clearly the local production of drugs. Brazil produces eight generic versions of non-patented anti-AIDS drugs at low costs. Most of the medicines provided by Brazilian laboratories are much cheaper than those imported. Last year, just two imported drugs amounted to as much as 36 per cent of the whole purchase cost of anti-AIDS medicines.

Nevertheless, effective or potential competition from the local companies is inducing foreign industries to bring their costs down by an average of 70 per cent. It is also worth noting that local production is controlled through the application of good manufacturing practices, pharmaceutical plant inspections, and bio-equivalence testing. No problem related to the quality of medicines produced in Brazil has ever been reported.

Moreover, it is important to stress that this production fully complies with the World Trade Organization's Trade-Related Intellectual Property Rights Agreement (TRIPS). Brazil is a founding member of this agreement and adapted its legislation thereto in 1997, eight years before the 2005 deadline. No one disputes the relevance of the international agreements on intellectual property rights. Patent rules strike a balance between two desirable objectives. On the one hand, there is the private interest of individual creators, needing funds for innovations and seeking maximum opportunity to exploit their inventions; on

the other hand, there is the public interest of immediate and widespread dissemination of lifesaving technology. We must balance the two sides. The TRIPS agreement itself, for all its provisions on scientific knowledge protection, contains measures allowing for the promotion of public health. We are pleased that this special session has acknowledged the efforts of countries to develop domestic industries in order to increase access to medicines and protect the health of their populations. It has also recognized that the affordability of drugs is a significant factor in the fight against the epidemic.

Another essential factor in combating HIV/AIDS is the strict respect of human rights. This approach should be twofold. On the one hand, we must combat the stigma that is unfortunately still associated with HIV/AIDS, and eliminate other forms of discrimination that contribute to the spread of the epidemic. On the other hand, we must take into account that access to medication is a fundamental element in achieving the full realization of the human right to the enjoyment of the highest standard of physical and mental health.

In Brazil, we have also learned that NGOs, in particular those of people living with HIV/AIDS, must fully participate in this huge effort. In the last seven years, more than 1,500 partnerships with 600 non-governmental organizations have been put in place. This cooperation, in which the Government has invested more than 40 million dollars annually, has proven efficient and creative. Over 600 NGOs work with the Government now, highlighting critical issues and contributing to the elaboration and implementation of public policies.

As a matter of fact, cooperation is fundamental both at the national and the international levels. Based on our national experience, the Brazilian Government has carried out technical cooperation with Latin American, Caribbean and African countries.

However, a stronger effort is expected from developed countries, which can contribute more to meeting the goals established in this special session. In this regard, Brazil fully supports the establishment of a global AIDS fund, whose resources should be commensurate with the magnitude of our challenge, so as to finance prevention and treatment, particularly for those most in need. As a contribution in kind, we offer to provide technical assistance, for both prevention and treatment.

I am also pleased that the special session has recognized the principle of differential pricing. Developing countries should not pay as much as developed countries for AIDS-related drugs. I hope that the pharmaceutical companies will take this principle into account.

Another initiative that should move forward, and that has been successfully implemented in Brazil, is the establishment of an Internet databank to disseminate drug prices in different countries, which would certainly lead to more competition and price reduction.

In concluding, let me emphasize that this special session represents an important breakthrough, in that the international community has agreed upon a set of global principles and strategies regarding HIV/AIDS, even though countries live in their different, particular circumstances. This meeting has shown that there is a way out, that it is possible to fight the epidemic even in the poorest regions.

The special session should not be a final event. On the contrary, it must be a starting point, or rather a turning point, especially for the most affected countries.

The final document of the special session will be a declaration of commitment, and it actually all depends on our commitment — a commitment to human rights, a commitment to prevention, a commitment to treatment and a commitment to affordable medicines. In a word, a commitment to life.

The Acting President: I call on His Excellency The Honourable Douglas Slater, Minister for Health and the Environment of Saint Vincent and the Grenadines.

Mr. Slater (Saint Vincent and the Grenadines): This meeting is very timely as it provides us with an opportunity to again focus attention on the HIV/AIDS epidemic. Saint Vincent and the Grenadines adds its voice to the statements of congratulation expressed by the delegations that have preceded us on the convening of this special session to forge a collaborative approach to an issue that is beginning to dominate our national agendas.

The HIV/AIDS virus is a major developmental problem. It is therefore uniquely devastating in terms of increasing poverty, reversing human development achievements and eroding the ability of Governments to provide and maintain essential services, thereby

reducing labour supply and productivity. The widespread nature of the HIV/AIDS pandemic continues to make a mockery of the objectives and projections of the Millennium Declaration.

It is well known that the Caribbean is second to sub-Sahara Africa in the rate of infection. Many delegations have already listed the statistics, so I will not repeat them. The Caribbean is faced with a gloomy future if this rate of infection continues. Saint Vincent and the Grenadines currently accounts for 50 per cent of the reported new cases in the Organization of Eastern Caribbean States.

The impact of AIDS on Saint Vincent and the Grenadines has been similar to that of other small developing countries. Our scarce and valuable human resources have been depleted by the death of persons whose skills and expertise have been difficult to replace. The cost of training our citizens is high, and the loss of our trained human resources places an increasing burden on our already limited financial resources. Women of childbearing age are the segment of our society most at risk. This has serious implications for our future generations. It is suggested that half of all new cases of infection occur in young people under the age of 25 years. Given that AIDS kills most of all people in the 15 to 49 age group, it is depriving families, communities and nations of their most productive people.

I believe in the old adage that an ounce of prevention is better than a pound of cure. Consequently, we must continue to educate our population by ensuring that they have adequate and timely information so that they can engage in the best possible practices. In Saint Vincent and the Grenadines, recognizing the strength of partnership, we have taken on the challenge to promote participation in the Caribbean regional strategy for the prevention and treatment of HIV/AIDS. We are continuing our educational programmes involving non-governmental organizations, including community-based and cultural organizations. Our Government is currently proposing to provide treatment to HIV/AIDS-affected persons within our limited financial capabilities. We have already initiated a programme to reduce mother-to-child transmission in collaboration with the Kingston Medical College, a private institution.

The cost of medication must not be allowed to jeopardize the thrust to reduce the spread of HIV/AIDS. The pharmaceutical industry must continue to demonstrate good will in this regard by making medicines more accessible and affordable. The public health safeguards and the TRIPS agreement must become a real option for developing States, and more can be done on differential pricing.

We are facing a global emergency caused by the HIV/AIDS pandemic. The global problem calls for a global solution and actions to halt the spread of this deadly disease. We must summon the political will and leadership necessary to face this challenge head on, but without the resources to do so, we are fighting a losing battle. We acknowledge, with deep appreciation, the efforts of UNAIDS in addressing this pandemic. We welcome the establishment of a new global fund and we applaud the countries that have committed substantial resources to its creation.

We in the Caribbean are proud of our regional institutions that have been coordinating the effort against this disease, and we have many examples of best practices that need to be systematically documented and disseminated. Our institutions, such as the Caribbean Epidemiology Centre, the Caribbean Community (CARICOM) and the Caribbean Development Bank, have a collection of highly trained personnel willing and capable of leading the fight against this disease in our Caribbean civilization. CARICOM has been the coordinating institution on many fronts in this battle and, along with the other institutions mentioned, it should be the focal point for distributing the resources allocated to our region by the fund.

In countries like ours, whose natural beauty makes it inviting for tourists seeking peace and tranquillity, there is a tendency to avoid openly discussing any health-related epidemic for fear that vitally needed resources would not flow into our economy. In Saint Vincent and the Grenadines, we feel that the opposite is necessary. We must display renewed vigour to inform our citizens and visitors to our shores of the danger that is AIDS. We must fight the stigmatization against those infected with or affected by HIV. We need to strengthen the political resolve to fight back.

Finally, AIDS is a threat to all mankind. It knows no boundaries — colour, class or creed. It is only through partnership, international cooperation and active participation by all stakeholders that we would

be able to curtail and arrest the spread of this disease. No country, no region, no sector can do it alone, but together now we can.

The Acting President: I give the floor to His Excellency The Honourable Amasone Kilei, Minister for Health of Tuvalu.

Mr. Kilei (Tuvalu): I have the honour to deliver this statement on behalf of my own country, Tuvalu, and the other Pacific Islands Forum countries represented in New York: Australia, Fiji, Federated States of Micronesia, Marshall Islands, Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Vanuatu and the observer delegation from the Cook Islands, which is attending the twenty-sixth special session of the General Assembly.

As this is Tuvalu's maiden statement since joining the United Nations last year and since the establishment of its Permanent Mission in New York a mere two weeks ago, please allow me first to reaffirm Tuvalu's confidence in the United Nations and in its capacity to safeguard the fundamental rights and survival of members of the international community, particularly the most vulnerable, such as small island and developing States.

Allow me also to record the Pacific delegation's most sincere thanks to the President and to his co-facilitators, Her Excellency Ambassador Penny Wensley of Australia and His Excellency Mr. Ibra Deguene Ka of Senegal, for the sterling work that they have done in guiding and advancing the work for this special session on HIV/AIDS.

HIV/AIDS has affected every region, including my own. While the incidence of HIV/AIDS is relatively low in the Pacific, it is nevertheless a major issue of concern for our countries. We face a very high risk of HIV/AIDS transmission, particularly because of the increasing mobility of populations in the Pacific. This demands an urgent response. Strong political commitment at all levels is crucial in dealing with this epidemic.

The small islands and developing States within the Pacific region face particular challenges in countering the spread of HIV/AIDS and in treating those who are HIV-positive or have AIDS. The approach to the disease therefore must take account of the specific and unique situations of our member countries. Lack of communications infrastructure and overstretched health and education systems are factors which have to be grappled with. The HIV/AIDS epidemic adds a new and alarming source of vulnerability to many small countries in our group, further exacerbating existing economic and environmental vulnerabilities.

Our delegations are of the firm view that prevention should be the mainstay of combating HIV/AIDS in the Pacific region. We know that the relatively low number of reported HIV/AIDS cases in our countries is not a reason for complacency. If the disease takes hold, care and treatment would inevitably be extremely difficult to afford.

We have developed plans that are specific to each country, taking into account the range of vulnerable groups that are relevant in their local conditions.

We recognize the need to involve and provide support to all sectors in combating HIV/AIDS. Community leaders, non-governmental organizations, schools, workplaces, hospitals and church networks are in a good position to support HIV/AIDS activities at the national, provincial and district levels. Their respective roles in awareness-raising could potentially encourage positive changes in attitudes and behaviour, and provide counselling services, access to condoms, treatment and palliative care services.

Community-level action and strategies are crucial tools in the battle against HIV/AIDS in the Pacific region. Capacity-building is an essential need.

There also needs to be effective support for regional organizations in developing regional strategies to assist national efforts. We believe that the UNAIDS presence in the Pacific region needs to be maintained. UNAIDS must also review the modality of its operations in our region. The regional ministerial meeting on HIV/AIDS in the Asia-Pacific, to be held in Melbourne in October, will be a further opportunity to set regional priorities for our work on HIV/AIDS.

Prevention activities need to be culturally sensitive, while at the same time overcoming cultural barriers and social traditions which might work against public education about HIV/AIDS. Prevention and care strategies, and the declaration of commitment which we hope to adopt at this special session, need to take into account the diversity of vulnerable groups and to target them with appropriate strategies. Multisectoral approaches to prevention and care are crucial, as is

respect for the human rights of those who are vulnerable to, and who have contracted, HIV/AIDS. There must be unflagging respect for women's human rights, including their reproductive and sexual rights, if the global response to the pandemic is to be effective.

Access to safe blood supplies presents a particular challenge in many of our member countries, which rely upon "walking blood banks". This raises the need to ensure that blood transfusions are conducted safely and do not transmit HIV/AIDS infection.

Our delegations welcome the establishment of a global fund to combat HIV/AIDS. We express our appreciation to those Governments, foundations and individuals which have already committed support. International strategies and plans for resource mobilization must keep in mind the competing priorities of, and the constraints faced by, developing countries.

In this regard, we wish to request that the Pacific island countries be assisted in their respective programmes to ensure the current low rate of HIV transmission and infection is contained and is ultimately eradicated.

For the Pacific region, time is of the essence. We do not want the situation to deteriorate further. We need help. The good news is that as the populations are small enough, comparatively small amounts of well-targeted funding support can help the Pacific region stop the further spread of HIV/AIDS. We also envisage that the global fund will be easily accessible and not bureaucratically cumbersome.

Finally, our delegations have great expectations that the declaration of commitment will be adopted by this special session; that it will outline practical and realistic opportunities to build and strengthen the capacity of the most vulnerable, particularly the small island developing States, including my own, to counter the spread of the HIV/AIDS pandemic.

The Acting President: I give the floor to His Excellency Mr. Abdul Mejid Hussein, Chairman of the delegation of Ethiopia.

Mr. Hussein (Ethiopia): I would like first of all to take this opportunity to express my delegation's gratitude to Secretary-General Kofi Annan for his commendable leadership in combating AIDS globally and in Africa in particular.

My delegation's appreciation also goes to the facilitators and to UNAIDS for their relentless efforts in the preparatory process for the session. It is my sincere hope that this session will be a landmark for securing global commitments and resources to address this global crisis.

Although AIDS exists in every part of the world, Africa, and in particular sub-Saharan Africa, is the hardest hit. By now we are only too familiar with the AIDS statistics affecting Africa, so I will not elaborate.

My country, a member of this subregion, is also bearing the brunt of this terrible disease. The impact of the epidemic on the economic and social sector has been severe.

In response to the AIDS epidemic, my Government, with its limited financial and trained human resources capacity, had taken several measures to address it.

Anti-AIDS campaign were launched in various governmental sectoral ministries and other parastatals. The mass media also played an important role in raising public awareness of the importance of behavioural change in the struggle against AIDS. We also have anti-AIDS clubs established in our schools throughout the country to sensitize the youth. A national HIV/AIDS social policy was issued in 1998 with the overall objective of providing an enabling environment for the prevention and control of HIV/AIDS in the country.

In the last decade more Africans have perished from AIDS than from famine, war and natural disasters combined. Unfortunately, we can predict with tragic certainty that if nothing drastic is done the situation will be quite catastrophic. The pandemic is simply, without qualification, the greatest existing threat to humanity in general and Africa in particular. It is reducing life expectancy dramatically. All the gains of increased life expectancy in the latter decades of the twentieth century have been wiped out at a stroke. The disease is striking at the most productive age group, the young adults. It is striking down huge numbers in crucial occupations, including teachers, civil servants, business people and medical professionals in the prime of their life.

The challenge of HIV/AIDS is therefore immense. It is truly a collective challenge which falls on all of us across Africa and the world. There are

many impressive and often inspiring efforts to contain the pandemic, educate those at risk and care for those who are HIV positive or who suffer from HIV/AIDS.

But the relentless spread of the virus tells us that this is simply not enough. Our point of departure must be an appreciation of the fact that while AIDS is a disease that infects and kills individual human beings, it is also a societal disaster. It attacks the weakest points in our societies; it attacks where our societies are secretive, hypocritical, abusive or unjust and, above all, where the social fabric has been torn apart by a relentless process of economic impoverishment.

Let us look at one or two ways damage has been done to our societies' immune system that have allowed the HIV/AIDS virus to become pandemic. We have poverty and inequality across Africa, if I take that region of the world. The poorest people either do not know how to protect themselves against HIV transmission, or just cannot afford the protection. In the long term, therefore, sustainable and equitable economic development is an essential, I repeat it is an essential, component in the struggle against HIV/AIDS.

Gender inequality: at the very centre of the HIV/AIDS pandemic is the unequal treatment of women. We all know that women tend to be more conscious of their health, particularly with their reproductive health, than are men. All the evidence shows that women are quicker to understand and appreciate messages about HIV and how to prevent it. But it is shocking also to learn that the category of people most highly at risk of contracting HIV is young girls. The main reason is that these girls are almost totally powerless when it comes to sexual relations. They are raped, coerced, intimidated, manipulated and often also simply bought.

Everybody here, I would say, is directly or indirectly affected by HIV/AIDS, all of us here. Those who are not themselves infected are stricken by the wider repercussions of the pandemic, whether we like it or not. Citizens, community leaders, civil society and religious organizations, trade unions, businesses, in fact every part of our society has the responsibility to become part of a grand African and world coalition against HIV/AIDS. No one should be demobilized from this collective struggle: youth, women and people living with HIV/AIDS should be at the forefront of this coalition. This is a multifaceted struggle.

I will say, finally, that the crisis of HIV/AIDS is crying out for political leadership — not just any leadership, but one with vision and compassion. Overcoming HIV is a task that will require leadership at all levels, particularly within Africa and across all social sectors all over the world. It is also, I would repeat, an international challenge. HIV knows no boundaries, as some of my colleagues earlier said. It will be overcome by collective international action or not at all. For that reason the African leaders who met at Abuja last April called on all African countries to make the containment of HIV/AIDS a priority.

The fact that the United Nations General Assembly has convened this special session to discuss this issue is a milestone. It is my delegation's hope the projected global fund for health and HIV/AIDS will have a mechanism whereby all stakeholders — donor countries and countries most affected, the United Nations and others — will have a say in its management. It goes without saying also that the management and workings of such a fund have to be transparent. I would like to call in particular on those who like to call on all of us to be transparent to take the lead, because usually they are not transparent themselves when it comes to managing at the global level important things like a fund like the one we hope will be established.

The task therefore is certainly daunting, but we have no choice other than to begin acting now. To the youth and the children of Africa and the world, we must pledge to do our utmost that they may live in communities in which they are no longer plagued by HIV/AIDS and in which basic health is available to all. This is no utopia — and don't confuse it with my country, Ethiopia — but it is possible.

The Acting President: I give the floor to His Excellency, Mr. Lamuel Stanislaus, Chairman of the delegation of Grenada.

Mr. Stanislaus (Grenada): My delegation extends to the President hearty congratulations and high praise for his skilful and effective conduct of the special session, which the Secretary-General has helped to place on centre stage.

With respect with this global crisis posed by HIV/AIDS, which has brought leaders from around the world to address the pandemic, my delegation begins by quoting the man of science and culture, Leonardo da Vinci, who many centuries ago said that in times of

crisis we should regard ourselves as passengers in the same vessel, threatened by the same rough seas, sharing the same common struggle and common destiny.

This global crisis has sounded the clarion call for global action as the way forward. The leaders have come to mobilize into partnership for action Governments at the national, international and regional levels, non-governmental organizations, the corporate sector, foundations, the United Nations family and other stakeholders. If we succeed — and we must — humankind will be spared the scourge of this dreadful, debilitating and baffling killer disease.

Many victims of HIV/AIDS have found themselves in this life-and-death struggle through no fault of theirs, poverty, underdevelopment and illiteracy, being the main contributing factors. The major tragedy in all this, however, is the family — especially orphans, widows, widowers and, to some extent, grandparents, some of whom in their advanced years are called upon to be parents again.

The grim statistics compiled globally make it unmistakably clear that the Caribbean is second only to sub-Saharan Africa in the incidence of HIV/AIDS infection and mortality. According to UNAIDS and the Caribbean Epidemiology Centre, the rate of HIV/AIDS infection as a percentage of the population is 2.11. AIDS is now the leading cause of death for those from 15 to 45 years old, and the number of cases is growing exponentially, doubling every two to three years.

My country, Grenada, is no exception. With a relatively small population, naturally the number of cases reported is also small, but when it is considered that in more than 75 per cent of the cases reported the patient dies within two years, the statistical significance is very obvious. Prevention, treatment and care are sadly lacking due to the unavailability and high cost of medication.

The surveillance of sexually transmitted infections, particularly HIV/AIDS, is very limited in Grenada. The national AIDS programme is hampered when reporting even the cases diagnosed by both public and private practitioners. There is also a lack of cooperation in the area of contact tracing and partner referrals for counselling and treatment. This hinders the efficiency of HIV/AIDS surveillance and makes it difficult to determine the extent of the disease. The issue of confidentially is also a major concern, and as a result persons who may require HIV testing are hesitant for fear that their identity might become known, thereby exposing them to prejudice, discrimination and rejection.

My Government has in place a national aids programme for education, information, counselling and advocacy, but it needs financial assistance in preparing its priority and strategic action plans in order to have access to large-scale HIV/AIDS funding.

All of this having been said, it would seem that the way forward globally is to follow the draft declaration of commitments on HIV/AIDS which has been meticulously prepared under the brilliant and distinguished leadership of the two co-facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal.

Let me touch briefly on just two elements in the draft declaration: resources and prevention. Our knowledge of the etiology and epidemiology of HIV/AIDS is largely useless unless there is political will and there is funding to confront the disease — especially in the Caribbean, where there is the danger that resources will be drawn from other critical public-health and social needs.

It is estimated that the funding cost of HIV/AIDS globally will be between $7 and $10 billion annually, and, according to the University of the West Indies, the cost of funding AIDS in the Caribbean will be in excess of $360 million annually. It would seem, therefore, that no potential contributor should be ignored or rejected. This brings to mind the case of the Republic of China on Taiwan, which is ready, willing and able — financially, scientifically and otherwise — to put its vast resources at the service of the United Nations.

Prevention is the first and main defence against HIV/AIDS. The maxim, "An ounce of prevention is worth a pound of cure" is as old as it is true. My delegation compliments UNAIDS for highlighting in a holistic way the ABCs of AIDS prevention and care. "A" stands for abstinence, "B" stands for "be faithful" and "C" stands for "condomize". The intent is to emphasize each element in the equation. However, it must be stated with undiplomatic candour that abstinence is only given lip service.

Traditional institutions — home, school and church — should be encouraged and assisted at every

level to promote abstinence and fidelity as one of the main measures for preventing HIV/AIDS, especially among children. Abstinence makes good old common sense and does not require attempts to teach morality, moral rectitude or the theological virtues. Less early sex among children means fewer chances of contracting HIV/AIDS and other sexually transmitted diseases.

I end now as I began with another quotation so appropriate to the tragedy:

> "There is a tide in the affairs of men
> Which, taken at the flood, leads on to fortune;
> Omitted, all the voyage of their life
> Is bound in shallows and in miseries.
> On such a full sea are we now afloat,
> And we must take the current when it serves,
> Or lose our ventures." (*William Shakespeare, Julius Caesar, Act IV, Scene 3*)

Let us take the floodtide, which this special session brings to the fight against a modern-day plague.

The Acting President: I now call on His Excellency Mr. Agim Nesho, the Chairman of the delegation of Albania.

Mr. Nesho (Albania): It is an honour for me to address this special session on HIV/AIDS on behalf of the Albanian Government. I would like to take this opportunity to commend the Secretary-General, His Excellency Kofi Annan, for convening this very important meeting. His report gives us very important recommendations for a strong and determined global response to combat HIV/AIDS.

The participation of so many delegations in this session testifies to the challenge that our countries face today: HIV/AIDS, a challenge that cannot be met except through joint efforts and with the provision of adequate resources at the national and international level.

After the fall of the totalitarian system in Albania in 1992, Albania joined other countries of the region in building democracy and a free-market economy. These changes opened the country and gave Albanians the opportunity to freely move abroad. Since then, our country has been coping with many of the economic challenges and social problems common to a free society.

The first two HIV/AIDS cases were diagnosed and reported in Albania in 1993. The total number of AIDS cases registered between 1993 and 2000 is 52. Thus Albania is among the countries with a low prevalence of HIV/AIDS, though the prevalence may tend to increase. This latter is because of the following factors: the young average age of the Albanian population; the high number of Albanian emigrants who move each year to and from countries with a higher prevalence of HIV/AIDS; these people's youth and low level of information and education; the increasing number of intravenous drug users, according to the studies of different governmental and non-governmental institutions; the deficiencies in the functioning of the Albanian health-care system regarding prevention and diagnosis; and unemployment, migration and poverty and so forth.

To deal with this situation, the Albanian Government has made serious efforts to put in place a national strategy to fight HIV/AIDS and to increase public awareness of this issue. This strategy aims at creating a strong partnership between the Ministry of Health and non-governmental institutions, with the technical and financial support of the international specialized organizations.

In this context, two national conferences on policies of prevention and control of the HIV/AIDS epidemic in Albania have been held, which have addressed this problem and have issued a series of practical guidelines. The Albanian Ministry of Health, with the assistance of the World Health Organization (WHO), has established the HIV/AIDS national programme, as well as a network of laboratories and rapid-test centres nationwide.

The main objectives of the national programme are preventing further spread of the HIV/AIDS infection and its becoming an epidemic among the general population, and ensuring the necessary services for diagnosis, treatment, counselling, support and relief for persons at risk and those living with the infection.

The implementation of these objectives is based on the strategic elements of political commitment, preventive measures, surveying, monitoring and research treatment, and health care and support for those living with the infection. Cooperation between WHO and the national programme has helped in having the necessary infrastructure to diagnose HIV/AIDS and in giving the proper treatment to infected persons.

Recently, the Albanian Government adopted a law on preventing the spread of HIV/AIDS infections in the Republic of Albania. Under this law, a national inter-ministerial committee has been established that is presided over by the Deputy Prime Minister. This committee also includes a group of experts.

In conclusion, I would like to express the support of the Albanian Government for the establishment of a global HIV/AIDS and health fund proposed by the Secretary-General, His Excellency Mr. Kofi Annan. We believe that the Declaration of Commitment that will soon be adopted by this body paves the way towards having more resources, solidarity, responsibility and cooperation globally in the fight against HIV/AIDS.

The Acting President: I give the floor to Ms. Nuualofa Tuuau-Potoi, Deputy Director-General of Health of Samoa.

Ms. Tuuau-Potoi (Samoa): It is a great honour for me to speak on this auspicious occasion on behalf of the Government and people of Samoa. I bring with me the very best of wishes from my Government and people for a successful outcome of this gathering and heartfelt sympathies for the loss of lives, young and old, to this deadly disease.

The convening of this special session emphasizes the seriousness, commitment, determination and courage that our respective countries attach to combating the HIV/AIDS pandemic. We have heard poignant and moving accounts of the human suffering, anguish and losses in each and every country represented at this special session, particularly in those regions that are seriously afflicted. These were not easy to listen to, yet this is the reality we are faced with today — so many lives lost to an insidious disease that knows no boundaries and respects no race, religion, creed or gender.

The emergence and the identification of the virus that caused AIDS twenty years ago and the ensuing devastation that it has since caused have dramatically altered the ways in which we live, in particular our lifestyles. It has touched every society in many different ways and could not be contained. It is as much a social problem as it is a deadly disease. It has been instructive to all of us, yet at a cost so high and threatening to the very existence of humankind.

My country is not immune to this disease, either. Our current population is approximately 170,000. Like other developing countries, we have a young population, with more than half below the age of 20. The very first case of HIV/AIDS in Samoa was recorded in 1990. Since then and up to the present, a total of 12 HIV/AIDS cases have been recorded, most of whom were infected by transmission through sexual contact. The very fact that the prevalence of HIV/AIDS is low in Samoa is not a reason for complacency on our part. Experience in our own country, regionally and internationally has shown that if we are to prevent the further spread of HIV/AIDS, we must face and address the challenging realities brought about by this pandemic.

In anticipation of the emergence of HIV/AIDS in Samoa, my Government proceeded to develop its national HIV/AIDS prevention and control programme in 1987. Its key strategic aims were directed at the promotion of public awareness about the causes of HIV/AIDS, its modes of transmission and the short- and long-term consequences for individuals, their families and their communities and the nation as a whole.

Subsequently, a national AIDS coordinating council and the technical AIDS committee were established, pursuant to a Cabinet decision, in 1987 and 1988 respectively. Their roles were threefold: to manage the implementation and monitoring of the national AIDS prevention and control programme and to coordinate national efforts in the drive to prevent the spread of HIV/AIDS in Samoa. While prevention remains central, care is also important; hence an optimal integration of prevention and care are of the essence.

The Department of Health in Samoa is the national focal point for HIV/AIDS management and control. It also provides pertinent leadership and professional and technical support to the national AIDS coordinating council and to the technical AIDS committee.

The very serious and real threats of HIV/AIDS and its consequences demanded a committed and coordinated national approach to the management and implementation of our national HIV/AIDS programme. The multisectoral nature of HIV/AIDS and its broad national implications brought together various interest groups and stakeholders in Samoa to develop a national HIV/AIDS policy, which was approved at the beginning of this year. The theme values of our

national HIV/AIDS policy are: access to quality services, professionalism, partnership, equity, sustainability, faithfulness, love and compassion. These reflect our commitment to the healthy island concept and the Pacific way of life.

Our national HIV/AIDS policy aims to provide an overarching framework for coordinating national efforts and monitoring the wide range of multisectoral responses to HIV/AIDS. It also ensures that the most current information on HIV/AIDS is produced and disseminated widely to all persons, targeting in particular our youth and families in the rural areas. We wish to acknowledge with much gratitude the kind assistance of the World Health Organization, UNAIDS, the United Nations Population Fund, the Secretariat of the Pacific Community and the Governments of Australia, New Zealand and Japan for their continued financial and technical support in this connection.

All present here today are fully cognizant of which behaviours lead to the greatest risks of transmission and infection. While the incidence of HIV/AIDS in Samoa is low, we realize that we cannot rest on our laurels while an aggressive regional and global awareness campaign is under way. In Samoa, our culture is central to our way of life. We have a strong affinity to our land and sea, based on our love and respect for our cultural values and strong Christian principles. It is through this bond that we are able to have workable and successful collaborative partnerships with all key stakeholders, namely our churches, village councils, women's groups, youth groups and non-governmental organizations on reproductive health, including family planning and sexual health programmes to promote healthy and responsible sexual lifestyles.

For small island developing States like Samoa, the impact of the uncontrolled and rapid transmission of the HIV/AIDS virus would be catastrophic. We have a small and young population. To be faced with the real threat of extinction is indeed distressing. We want to survive as a race into the next millennium. We want to see our children and future generations enjoy a secure future.

Like those who spoke before me, we welcome the establishment of the global HIV/AIDS and health fund. Timely access to the fund would be pertinent to our prevention and care efforts, and we hope that the low prevalence of HIV/AIDS in the Pacific region will not hinder the provision of financial, technical and medical assistance to our region. While the onus of resource allocation is on the Government of Samoa, it is important that the appropriate technical and financial assistance will continue to be sought from the appropriate donor agencies and development partners from time to time, when justified needs arise.

Very recently, I was sent a compelling message written by a young student. This was how the world is perceived through the eyes of the young:

> "The paradox of our time in history is that we have taller buildings but shorter tempers; wider freeways but narrower viewpoints; we spend more but have less; we buy more but enjoy it less. We have been all the way to the moon and back, but we have trouble crossing the street to meet our neighbour. We have conquered outer space but not inner space; we have cleaned up the air but polluted the soul; we have split the atom but not our prejudice. We have higher incomes but lower morals; we have become long on quantity but short on quality. These are the times of tall men and short character; steep profits and shallow relationships. These are the times of world peace but domestic warfare; more leisure but less fun; more kinds of food but less nutrition. These are the days of two incomes and more divorce; of fancier houses but broken homes. It is a time when there is too much in the show window and nothing in the stockroom; a time when technology can bring information to you at the tap of a key; and a time when you can choose either to make a difference or to just ignore it."

We know where we stand today. We have achieved so much, and yet we have failed in so many ways. The historic Declaration of Commitment that I trust will be adopted this afternoon should give rise to more holistic, comprehensive and concerted efforts and actions at all levels in the fight against HIV/AIDS. No nation is immune to this disease, and no person will be spared this experience. HIV/AIDS could make its presence felt through your parents, brothers, sisters, sons, daughters, nieces, nephews or friends. We know what must be done at the global, regional, national and local levels. The time for more action is now.

The Acting President (*spoke in English*): I now give the floor to Mrs. Astrid Heiberg, President of the

International Federation of Red Cross and Red Crescent Societies.

Mrs. Heiberg (International Federation of Red Cross and Red Crescent Societies): The Red Cross and Red Crescent movement protects life and health. It ensures respect for human beings. It supports those in need, without discrimination. We have taken too long to understand what that means in the context of HIV and AIDS. For many years, we were blind to what was happening, deaf to those who told us.

We used to believe that HIV-positive people and people living with AIDS were someone else. We used to think that the Red Cross and Red Crescent movement counted 100,000 persons living with HIV and AIDS among its members and volunteers. We were wrong. All 100 million of us — volunteers, members and staff — belong to a movement that lives with HIV and AIDS. We are members of, and related to, communities that are being devastated by the biggest humanitarian catastrophe the world faces, and which threatens the future of our children.

I have seen that devastation. I have seen how HIV/AIDS turns communities upside down, how it ravages the ranks of the adults, the adults who are not there to take care of the young and the elderly, to provide income, to teach responsibility and to transfer knowledge, because they are dead or confined to sickbeds. I have seen children who must steal in order to care for their younger siblings. I have met tired, overburdened grandmothers who are in charge of large numbers of children, without income, without a pension, because there is no one else.

It is in the communities that the battle against HIV and AIDS is going to be won. That is where we, the volunteers, reinforce structures around those affected. Other programmes support and strengthen families and communities so they can care for their own members, so that they can keep the children, the increasing number of orphans, in surroundings where they belong. Volunteers help the communities cope through home-based care and a range of measures that relieve the older members of the families and communities, who are taking up the responsibility of the orphans. It is in the communities that we the volunteers can use our unique network to promote prevention, because volunteers are part of the community. We speak the language, we know the jokes. Volunteers are the friends, peers and leaders who are able to change mindsets and to raise awareness. Billboards and lectures will not provide a change in behaviour. You change through the influence of your peers. When they change, you are closer to change yourself.

I am proud to state that our national societies are committed to this important work. Last year, 53 Red Cross and Red Crescent societies throughout Africa pledged to mobilize 2 million volunteers against the virus over the next 10 years. Many other national societies all over the world have made pledges and commitments in order to support our common fight against HIV and AIDS.

We have made a commitment to reduce the stigma associated with HIV and AIDS. Again, we must start somewhere. We shall start by looking at ourselves, at our own attitudes and prejudices, because that is the first step in the fight against discrimination. We are not free from it. We must state clearly that there is no room for discrimination in the Red Cross movement, that we will not tolerate any attempt to restrict or exclude people living with HIV and AIDS.

We must extend the protection of our emblems. The Red Cross and the Red Crescent are powerful. They mean protection, also for people living with HIV and AIDS.

We call for partnerships. The International Federation of Red Cross and Red Crescent Societies has already established close cooperation with vital complementary and committed partners, such as UNAIDS and the global network of people living with HIV and AIDS.

Now we call on Governments to build partnerships with national Red Cross and Red Crescent Societies and with other members of civil society to protect and care for people living with HIV and AIDS. We look to the United Nations system for partnerships, and look to the private sector for alliances to secure access to affordable treatment and to protect employees.

Yesterday, five of our volunteers who are living with HIV participated in a dialogue session with Governments. They told about their work as peer educators, community workers, providers of care and psychological support. They told about the fear and the scepticism they have met, faced and overcome; about the need to cooperate, to forge alliances between

Governments and civil society; about the need to secure the rights of people living with HIV and AIDS; and about their own victories: the many people they have helped and supported. I am humbled by their efforts and contributions, and words cannot express the respect I feel for their courage and generosity and their humanity. They, and all other volunteers, are parts of the solution.

My job — and ours, and that of those here in the Assembly Hall — is to support and to empower them.

The Acting President: I give the floor to Mr. John Richardson, Chairman of the delegation of the European Community.

Mr. Richardson (European Community): I would like to begin by extending President Prodi's thanks to those countries that took the initiative to ask for this historic special session and to Secretary-General Kofi Annan, who has driven the process forward so ably.

The statistics presented over recent days show convincingly that the world cannot ignore the AIDS epidemic. In developing countries, where 90 per cent of all HIV infections occur, AIDS is reversing the hard-won gains in improving the quality of life. The average life expectancy in developing countries, which had increased since the 1950s, is now tumbling again. Last year in Africa, 10 times as many people died from HIV/AIDS as were killed in conflicts.

In contrast, we in Europe are fortunate to be alive at this moment in our history. Never before has our world enjoyed so much prosperity with so few external threats. Global society is calling on the international community for its recognition of the magnitude of the problem and for its support in combating it.

This is therefore the hour of global solidarity. The West must increase its efforts to help more nations and people to break the vicious cycle of disease and poverty.

As the Swedish Presidency of the European Union already stated, on Monday, Europe is fully committed to further stepping up its efforts to face this epidemic and to increasing its support for the fight against the three major communicable diseases: HIV/AIDS, malaria and tuberculosis. Together these diseases are killing more than 5 million people each year. They are all on the increase. They are all affecting the poorest of the poor.

This is the context of our recent work in the European Community (EC) on a policy framework and a programme of action on the three communicable diseases.

Preventing HIV from spreading is difficult, but it is possible. Some countries have now proved this by slowing the growth of the epidemic or even reversing it. Countries such as Senegal, Uganda and Thailand are showing the way forward by continuous prevention efforts, care for people with HIV and careful design of the introduction and monitoring of antiretroviral therapy.

The EC has been part of those efforts since 1987. We learned through this process that openness, political leadership, respect for human dignity and non-discrimination are at the core of success. Partnership at all levels, but especially with the people living with HIV and with the non-governmental organization community, is also a condition for progress in the confrontation with this epidemic. Governments responsive to the needs of their populations are also very much part of the solution.

The international community, of which the European Community is part, must help remove the roadblocks that slow the impact of all individual and community efforts. The roadblocks are, for instance, ignorance, gender inequality, denial, discrimination, lack of resources and also the lack of credible investment in the development of preventive methods such as vaccines and microbicidal products.

The overarching international development goal of the Millennium Declaration — to reduce by half the number of people living in extreme poverty by 2015 — cannot be achieved without greater investment in health and slowing the spread of the three major killer diseases.

The EC recognizes that to achieve these goals set by the international community will require far higher levels of investment in health than in the past. Global annual official development assistance for health is estimated at $5 billion to $6 billion. The World Health Organization estimates that making a real difference for Africa alone would require an additional $12 billion to $15 billion annually for health in its totality.

Beyond higher and more efficient investments, the EC also recognizes that more can be done and must be done on the prices of products and the development

of new vaccines through really innovative approaches and partnerships. Lack of affordable and appropriate pharmaceuticals is a serious problem in many developing countries, and especially for the poorest. Effective solutions require international cooperation and the participation of both public and private sectors in developed and developing countries.

The European Commission calls for a much broader application of effective global tiered pricing for the benefit of the poorest countries. This requires close cooperation with all interested parties, including the pharmaceutical industry, developing countries and international organizations, as well as with industrial countries. Above all it requires setting up mechanisms to make such a system operational.

The European Community also underlines the importance of global rules on intellectual property rights in promoting investments in new medicines, and especially vaccines, in order to render prevention efforts more effective in the future.

At the same time, the European Community recalls the right of the members of the World Trade Organization, under its rules, to invoke the relevant provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to address national health-policy concerns. The possibility exists under the TRIPS Agreement to address health concerns by, inter alia, using discretion to grant compulsory licences in certain exceptional circumstances, provided that the conditions of article 31 of the TRIPS Agreement are fulfilled. The EC and its member States are committed to the discussions currently taking place in the TRIPS Council on endorsing the initiative of the Africa Group to examine the link between intellectual property and access to medicines. In this context, the EC is also ready to look at the extent to which technical assistance can take into account health concerns in the concerned countries.

It is also our intention to increase significantly our financial support for research and development.

Finally, the EC welcomes the creation of a global fund as an additional mechanism to channel support to the people and countries most in need. We are actively engaged in preparatory discussions on the fund, in particular to ensure that it will operate as it should.

We have called for extensive consultations with all stakeholders and especially with the recipient countries. In our opinion the fund's efforts should be seen as additional to ongoing and future investment in improving health in general. An effective fund should deliver greater resources faster, through simpler coordinated mechanisms, with reduced transaction costs for both donors and beneficiaries. Resources should be linked to the achievement of defined health outcomes.

The European Community and the Commission will spare no effort to bring this about in partnership with the global community. Together we will overcome this epidemic and move towards a healthy world without poverty.

The Acting President: I give the floor to Mr. Robert Shafer, Chargé d'affaires of the Permanent Observer Mission of the Sovereign Military Order of Malta.

Mr. Shafer (Sovereign Military Order of Malta): We are indebted to the Secretary-General and to the General Assembly for their leadership and vision in calling this twenty-sixth special session of the General Assembly, on HIV/AIDS. The Sovereign Military Order of Malta, with its legacy of 900 years of service to the sick and poor, enthusiastically supports this special session as one dedicated to those we try to serve. It is imperative that all our efforts to combat the scourge of this disease are coordinated on a global scale. Today's scattered and variously inadequate initiatives must coalesce into a concerted, effective world programme. Only the United Nations can provide that leadership and coordination.

The raw statistics alone furnish compelling reasons for this special session. With 3 million AIDS deaths last year and 5.3 million new HIV infections, there are now more than 36 million victims living with this disease worldwide. We gather here to join our resources into one single commitment to reverse the alarming rate of new infections.

How do we fight this pandemic with success? There are several measures that are essential: basic medical care, including widespread HIV testing at the local level, especially where the disease is already rampant; affordable medicines supplied to HIV/AIDS victims; increased financial and technical assistance for local, national and international health agencies engaged in fighting HIV/AIDS; and prevention and research efforts supported by national legislation, with a strong emphasis on the development of a vaccine.

We are at only the first step in the very long journey to fight what the Secretary-General has called the most formidable development challenge of our time. We must have clear, feasible strategies to protect and help infected individuals, with special regard for the most vulnerable groups in our societies. Assisting the sick and the suffering has been the special focus of the Sovereign Military Order of Malta. Throughout its 900-year history, the Order has seen many epidemics, but none more calamitous to humanity than HIV/AIDS.

Prevention of infection is a needed long-range solution to the crisis. Public education must be a component of that solution, along with medicines and treatment. Even the developed countries must understand that without decisive and significant prevention programmes on their part, the number of infected persons in their countries could reach figures similar to those in countries where the disease is already a pandemic.

The local production of antiretroviral drugs in some countries has lowered the number of sick persons. But all the social and legal measures taken in the struggle against the AIDS epidemic must be accompanied by education. Education in traditional values of morality, abstinence and care for our fellow citizens is the foundation of our society and must be restored to eradicate this plague.

While prevention is critical, the only definitive means of eliminating AIDS is through the development of a vaccine. The heaviest concentration of AIDS is in poor countries, and this has impeded this process. We must call upon the Governments of developed countries to increase funding for AIDS research and facilitate vaccine development.

This pandemic particularly victimizes the young. In Africa, more than 60 percent of new HIV infections strike people aged 15 to 24, although this age group is only 20 percent of the population. Lack of basic information about the disease and lack of health education and of health care all contribute to this horror, which falls especially upon young adults.

One particularly heartbreaking group of victims is the children orphaned by the AIDS virus. In Africa alone, there are 8 million to 9 million such children, according to Dr. Peter Piot, Executive Director of UNAIDS. Such groups of child victims must be considered priorities by national and international health programmes.

The resources allocated thus far are insufficient to develop vaccines and preventive treatment for all those who need it. We are convinced that a global strategy — planned, programmed and coordinated with the support of all in the decision-making process — can be the most effective way to combat the present danger. We are eager to participate in this first step towards the definitive eradication of HIV/AIDS. The United Nations must take the lead in drawing that plan together so that it may be a clear call for all peoples and nations of goodwill.

The Sovereign Military Order of Malta is fighting HIV/AIDS to the utmost. We know that the aid provided by one community is a drop of water in an arid desert, but we are proud to renew our commitment to eliminate this disease. Today, we do so in solidarity with all the Member States of the United Nations, with the entire international community and with all willing partners in this campaign.

The Acting President: I give the floor to Mrs. Ndioro Ndiaye, Deputy Director General of the International Organization for Migration.

Mrs. Ndiaye (International Organization for Migration) (*spoke in French*): On behalf of the Director General, Mr. Brunson McKinley, the International Organization for Migration (IOM) would like to extend its compliments to all the countries that have taken the initiative to hold this session and to the Secretary-General, Kofi Annan, for his organizational efforts. We welcome the decisions that will ensue from this session.

The International Organization for Migration estimates that, as we meet here today, there are throughout the world approximately 150 million people who are migrants. Each year between 2 million and 4 million people emigrate for good. More than 15 million people are refugees or asylum seekers who have escaped wars or situations in which human rights are not respected.

People emigrate for many reasons. During 2000 alone, we saw that nearly 7 million people from 24 different countries were forced to flee from their homes to escape conflict, social violence, repression and persecution. Others move with clearly more joyful prospects. I am referring to those who try to rejoin their families or who leave in search of a better life. It is sad to have to say here today that each of these reasons can

be accompanied by factors that could make the migrants more vulnerable to HIV.

If we take just the example of people who emigrate in search of work — and fortunately this is not always the case, but for the majority of cases this is so — when they obtain a job, immigrant workers often find themselves limited to work that nobody else wants to do. They are frequently young, far from their families and isolated from the community in which they are living. Loneliness is not often mentioned as a vulnerability factor for HIV, but it is clearly such a factor for migrant workers. An added risk factor is their easy access to alcohol and sexual relations with prostitutes. Women sometimes run a particular risk, either as migrant workers themselves or as partners of migrant workers who return home infected with HIV.

Some people who migrate in search of a better life discover that they have made a mistake: there are no jobs at the end of their journey. These would-be migrant workers are even more isolated. They live on the margins of society. Some of the only ways available to support themselves, such as selling sex, may put them at higher risk of HIV infection.

In recent years, the world has been alerted to the growth in trafficking in human beings. Having been ensnared in prostitution networks by traffickers is one of the biggest vulnerability factors of all as far as HIV is concerned. Girls and boys who have been trafficked for sex work have very little control indeed over what happens to them, including whether or not they will use condoms.

Much can be done to reduce the HIV risks and vulnerabilities faced by migrants and people who are mobile. Governments, non-government organizations and groups of migrants in almost every country are working to prevent AIDS and to promote access to care and support for mobile populations. IOM stresses prevention in particular throughout the migration process. It uses two means in particular. One is through sporting and other events, which can be a useful way of getting AIDS messages to people whose legal status in the country might not be in order. IOM is also working to find appropriate means and messages to reach women and girls who are at risk of being trafficked to Europe, in particular, for sex work. The main objective is to prevent trafficking by providing information and to assist trafficking victims through a project that helps them to return home. In another project, IOM is working with national and non-governmental organizational partners in particular to set up mobile units in risk zones along major transit routes. The units offer information and voluntary counselling and testing for HIV and other sexually transmitted infections to mobile people and local residents.

National projects are important, but they are clearly not sufficient. People move across borders and efforts to reach out to them with HIV/AIDS prevention and access to care must also cross borders. Several regional initiatives for mobile populations have been set up, for example in West Africa and in South East Asia. These must be extended elsewhere. IOM has recently helped officials in Caribbean and Balkan countries come together to discuss the AIDS-related needs of migrants and people who are mobile in their regions.

The needs in this field are great. They include improving the database that will help planners and policy makers defend the need for action programmes. They also include training people who might be able to set up such programmes but do not know how to do so. They include, finally, establishing regional centres of expertise so that such knowledge can be shared. Public health, knowledge and experience must be able to move around the world just as easily as people now do.

Today, the problem of HIV/AIDS and population mobility is not a national or even a regional issue. It is a global issue. That is why IOM welcomes the creation of a global fund to combat HIV/AIDS and strongly believes that any such fund must take into account the special vulnerability of migrant populations and specifically provide for them.

Many of us in this Hall have travelled long distances. We are lucky, because we will go back home and families will still be there. We have jobs. We have access to information and to health services. Not all people who travel are so lucky.

The Acting President: I give the floor to Ms. K. Burke Dillon, Executive Vice-President of the Inter-American Development Bank.

Ms. Dillon (Inter-American Development Bank): AIDS is a challenge to development that affects every continent. The transformation of AIDS from health concern to global development threat reflects the rapidity with which HIV has spread and the magnitude of its economic and social consequences. It also

underscores the need for quick, decisive and sustained actions. AIDS is radically changing our perspective on the need for international cooperation because it cannot be stopped without a coordinated and collaborative global effort. That is why we are here today. This special session provides the international community with an opportunity to speak with one voice.

The Inter-American Development Bank (IDB) is a committed partner in the international effort to halt the spread of HIV/AIDS. In March of this year, at the Summit of the Americas in Quebec, our heads of State agreed that HIV/AIDS is a threat to the security of the region and reaffirmed their resolve to combating the disease and its consequences.

The challenges that face the countries of Latin America and the Caribbean vary. They vary by HIV prevalence: they vary by the nature of the societal and political response and by the socio-economic context in which the epidemic is occurring. Prevalence levels in the Caribbean are the highest outside of sub-Saharan Africa and in Central America the epidemic is growing rapidly. On the other hand, in other subregions, overall HIV/AIDS prevalence is still relatively low, with high prevalence found only in specific sub-populations.

How can the IDB help? The IDB can facilitate the regional dialogue on HIV/AIDS. It can provide technical assistance and it can lend. There is still work to be done in our region to raise awareness and to increase information about HIV/AIDS. At the same time, some of our countries have made important progress in the fight against AIDS and these best practices must be shared. The IDB can bring together Governments, non-governmental organizations, the networks of people living with AIDS, labour, religious leaders and the private sector. We work with most of these groups regularly. We stand ready to help our Governments and civil society facilitate dialogue at the local and national levels. In March 2002, at our annual meeting in Fortaleza, Brazil, the IDB will host a major seminar on HIV/AIDS.

However, as a development bank, our main contribution in the fight against AIDS will be through our technical assistance and our lending. For our poorest member countries, we can lend on very concessional terms. To provide significant grant funding for AIDS, the IDB would have to raise the money from donors. The IDB would coordinate any such approach to donors with the Joint United Nations Programme on HIV/AIDS (UNAIDS).

In our lending and our technical assistance, we want to work with other agencies and not to duplicate efforts. We want to find what we do best. One area where we have extensive experience is the strengthening of national health systems. As we have heard in many discussions in the past two days, this is critical to an effective response to AIDS. To date, we have lent almost $2 billion to make national health systems more effective and efficient.

Another area in which our experience could give us a comparative advantage is that of programmes for women, youth and socially excluded groups. However, the Bank will look for opportunities to address HIV/AIDS across the spectrum of our projects and in our policy dialogue with Governments. As Peter Piot told our Executive Board, investments that do not consider AIDS are poor investments.

Success in the fight against HIV/AIDS requires partnership. None of us can do it alone. We must combine resources and efforts. The IDB will work closely with UNAIDS, the Pan American Health Organization and other agencies, and with civil society, particularly the regional networks of people living with AIDS.

The time is right to take the decisive step towards a full-scale AIDS response. The IDB will play its part to help ensure that there is such a response in Latin America and the Caribbean. We are in a unique position to understand and address the needs of our region. We are conscious of this special mandate and will actively support our Governments as they address HIV/AIDS.

The Acting President: I now give the floor to Ms. Rosemarie Paul, Deputy Director and Head of the Health Department of the Commonwealth Secretariat.

Ms. Paul (Commonwealth Secretariat): Over the past days, every country, through their representatives, has publicly acknowledged that HIV/AIDS is a global emergency requiring urgent and concerted action. HIV/AIDS is robbing us of our precious human resources, eroding our hard-won gains in health and development and posing a serious threat to the lives of individuals, families and whole communities. The response to this crisis has been a unanimous commitment at the national level to lead the vital,

expanded and sustained actions that harness the valuable potential of all sectors of society and address the critical challenges identified by Secretary-General Kofi Annan in his report to the fifty-fifth session of the General Assembly.

The Commonwealth is a voluntary association of 54 sovereign States that share a history, a common language, goals and principles, among which are those relating to the dignity and rights of individuals. The Commonwealth Secretariat is the inter-governmental body serving this grouping of equal partners that, over time, have developed, and use to mutual advantage, mechanisms to address common challenges. These challenges arise in many fields — including the economic, legal, health and education fields, to mention just a few. The responses take cognizance of youth and include a gender perspective.

HIV/AIDS is undoubtedly a common challenge, perhaps the greatest so far faced by Commonwealth member States, which stretch across the globe, from East to West and from North to South, with the vast majority being developing countries in Africa, Asia and the Caribbean. Commonwealth countries represent approximately 30 per cent of the world's population, but they carry a disproportionate 60 per cent of the world's HIV/AIDS burden.

In 1999 the Commonwealth Heads of Government, at their meeting in Durban, declared HIV/AIDS to be a global emergency and called upon all sectors to mount a coherent and concerted response. They personally pledged to lead the fight — a pledge that they have reiterated at various regional forums and again here, at this special session. Since the Durban meeting of Heads of Government, the Commonwealth Secretariat has been steadily working, in partnership with the Commonwealth Foundation, the Commonwealth Business Council and Commonwealth non-governmental organizations, using its advocacy, brokerage and catalytic roles to assist member countries in obtaining maximum benefit from readily available resources, and also to leverage additional resources to combat HIV/AIDS.

The global call to action has been sounded and strategic action areas have been defined and agreed upon. The Commonwealth Secretariat will continue to work with all partners with, and for, the member countries. Within the parameters of the agreed global and national plans, it will identify its particular and specific niche. It will not duplicate the efforts of, or compete with, other organizations, but will work collaboratively with all, using the special advantages that result from Commonwealth fraternity and commonalities to achieve synergies for the common good.

The Acting President: I now give the floor to Mr. Jimmie Rodgers, Deputy Director-General of the Secretariat of the Pacific Community of the Pacific Islands Forum.

Mr. Rodgers (Pacific Islands Forum Secretariat): Allow me, first of all, to join the accolades of all previous speakers in congratulating the Secretary-General for leading this global initiative in our fight against the spread of HIV/AIDS.

This special session of the United Nations General Assembly is both timely and critical for our countries. It is timely because, for the very first time in the last 20 years, leaders of the world community are prepared to stand up and say with one voice that we will take on the fight against the scourge of HIV/AIDS. We will take stock of our previous modalities for containing and controlling the virus. We will look more seriously at bringing resources to bear, both human and financial, in all our countries — whether developing or developed, large or small — in order to better position ourselves to contain, control and, hopefully, ultimately to eradicate HIV/AIDS.

Never before in the history of humanity have we faced so formidable a foe, one that has the potential to wipe out complete populations. Never before has humankind's right to exist been threatened to such an extent that, if nothing is done to halt the rapid transmission of this deadly virus, some countries could be devoid of their entire populations within the next two to three decades.

For the small developing island countries and territories of the Pacific region, the impact of an uncontrolled rapid transmission of the HIV/AIDS virus would be disastrous. The Pacific region comprises 22 island countries and territories. Collectively they only have about 8.5 million people and approximately just over half a million square kilometres of land, scattered over 33 million square kilometres of water. To put that size into perspective, the whole of Europe can fit into the Exclusive Economic Zone of French Polynesia, with room to spare. A feature of the Pacific islands is their geographical isolation in a huge ocean, which can

be both an advantage and a disadvantage in our efforts to control the HIV virus. Another feature of the Pacific islands is that they account for more than 55 per cent of the world's languages. English literacy rates are low in many of the Anglophone countries. These are some of the challenges we face in the fight against the HIV/AIDS virus.

However, vision and foresight are not lacking. Many Pacific island countries have already developed national integrated multisectoral strategic plans to contain HIV/AIDS. In many of those strategic plans the roles of non-governmental organizations, churches and civil society groups are very important ingredients of service delivery and outreach activities. Effective partnership has been the key in those strategic plans, whether with regard to prevention, education awareness or care and support of HIV/AIDS patients.

Complementing the national service provision are regional organizations that provide technical advice, training, research and backstopping services to member countries and territories. The secretariat of the Pacific Community, where I have the privilege to serve, is the lead regional technical agency in the Pacific that works with Pacific island countries and territories on HIV/AIDS. The Pacific region has, for the past four years, had a regional strategy on HIV/AIDS. We are now reviewing that regional strategy.

Like all countries represented here from other regions of the world, Pacific island countries and territories come to this special session with great expectations. We welcome the establishment of the global HIV/AIDS and health fund and, like other countries, we hope that access to the fund will be easy and timely and that equity based on merit will be a feature in obtaining assistance from the fund.

Part of the solution in our fight against HIV/AIDS must start from having a correct perception of the nature of the enemy we are fighting. The major reason for the low level of recognition, and therefore priority, accorded to HIV/AIDS in many countries in the past two decades is that HIV/AIDS was labelled in many countries as purely a health problem. The HIV/AIDS pandemic that we have heard about over the past two and a half days has gone beyond health issues. It is not merely a health problem. The fact that this special session is honoured by the presence of heads of State and Government, ministers and other high officials bears witness to the fact that we are no longer dealing with a mere health issue — we are dealing with a global and national disaster, the worst of its kind that has ever affected humankind.

The Pacific island countries have been greatly encouraged by the statements of support and commitment made by the developed countries both to the global fund initiative as well as in their respective national programmes to assist developing countries. I wish to invite those countries to provide some focused programme approach in the Pacific.

The challenge of HIV/AIDS is real. The fruits of the declaration of commitment we will adopt can only be seen in action — action that makes a difference. It is the hope of all developing countries that we will walk the walk and collectively take the fight to our adversary. Time is of the essence. It took the world 20 years to put the HIV/AIDS epidemic at the very top of its political agenda. In the past two and a half days, we have seen and heard what HIV/AIDS has done in those 20 years. We have also heard what it will do in the future. It is now time to act and possibly the only thing that is worse than the HIV/AIDS epidemic itself is inaction by the world community.

The Acting President: I give the floor to Mr. Juan Somavía, Director-General of the International Labour Organization.

Mr. Somavía (International Labour Organization): It is a particular pleasure to take the floor under your guidance, Sir.

I am before the Assembly today to state that the International Labour Organization (ILO) and its tripartite constituents are team players in the global effort to combat the HIV/AIDS pandemic. We wholeheartedly support the leadership of Secretary-General Kofi Annan in his personal commitment to spearheading the international community's global action against HIV/AIDS.

The ILO will implement in the workplace the declaration of commitment of this General Assembly. It contains many principles that reflect the core mandate of the ILO's non-discrimination, social protection, gender and prevention strategies and its longstanding commitment to protecting rights at work. HIV/AIDS is not just a public health issue. It is a workplace issue — and the international community has decided for the first time that it is a workplace issue. It is also a

development challenge and the source of widespread insecurity.

ILO's commitment to being a partner in this challenge stems from its social mandate in the field of rights at work, as well as the threat posed by the pandemic to its primary goal of providing men and women with decent and productive work in conditions of freedom, equity, security and human dignity.

Initially, we have responded to this challenge by developing a code of practice on HIV/AIDS in the workplace, which was unanimously adopted by our Governing Body last Friday, 22 June. It was formally launched here in the United Nations on Monday on the occasion of this conference, when I transmitted that document to the Secretary-General. This code is a pioneering and comprehensive blueprint for addressing HIV/AIDS in the workplace. This has never been done; this is a new instrument. It is the result of consensus reached by Governments, employers and workers representing all 175 States members of the ILO. It constitutes a balanced approach to problems of discrimination, confidentiality, employee benefits, care, treatment and other AIDS-related workplace issues.

As we all know, HIV/AIDS is a major human tragedy not only for those affected, but also for all of us individually. Nobody — none of us — can look the other way, although, unfortunately, denial continues to be prevalent in so many attitudes. And yet, many leaders are facing reality. I recall the address by a head of State to this Assembly during the Millennium Summit last year in which he shared with us the dramatic fact that his country stands to lose half of its population within a decade because of AIDS.

We must react to the crisis unfolding in so many places where skilled and experienced workers are dying; where children are forced to work and head households because all the adults either are too sick to work or have died (13 million children today head households); and where there are no longer enough teachers to keep school systems functioning or health workers to take care of the sick. All of these examples have been cited by speakers at this special session.

Hard won gains in terms of employment and social protection are being reversed because of HIV/AIDS. Even at the enterprise level, the effects of AIDS include loss of earnings, loss of skills, reduced productivity and the loss of markets as the consumer base is whittled away.

The ILO's new programme on HIV/AIDS in the world of work is just beginning. Through it, we will work with our tripartite constituents at the national and regional levels to promote prevention in the workplace and mitigate the social and economic impact of the epidemic. The next step will be to prepare a manual on information, education and communication to help implement the code of practice so that people can know how to use it.

Concern for HIV/AIDS is also reflected in other ILO activities. The ILO International Programme on the Elimination of Child Labour will expand its efforts to address the needs of children orphaned by AIDS and forced into the world of work. The gender dimensions of HIV/AIDS will be addressed within the framework of our programmes on gender and other activities to help reduce the particular vulnerability of women and girls to the disease and to discrimination. We want to put the ILO's unique tripartite structure and our doctrine of social dialogue at the service of the global struggle against HIV/AIDS. To this end, we have decided to become a cosponsor of the Joint United Nations Programme on HIV/AIDS, which will strengthen the basis for partnerships with the other cosponsors and organizations of the United Nations system as a whole. I must note at this point the incredible work that Peter Piot has carried out in order to make this session a success in terms of its preparation and of the care that he has given to dealing with the complex and difficult issues and to bringing to our attention the reality of these problems.

Thus, in the spirit of hope raised by the Secretary-General, let us work together to implement the declaration of commitment for the sake of all those affected by HIV/AIDS, in the interest of protecting development gains and social progress and in the hope that future generations will feel that, today, we did the right thing for them. It will be the children of today and of tomorrow who will ultimately judge the effectiveness of the plans being approved today. Let us make sure that our actions of tomorrow will not let them down.

The Acting President: *I give the floor to* Ms. Anna Kajumulo Tibaijuka, Executive Director of the United Nations Centre for Human Settlements (Habitat).

Ms. Tibaijuka (United Nations Centre for Human Settlements (Habitat)): Earlier this month, the

special session on Istanbul +5 adopted a Declaration on Cities and Other Human Settlements in the New Millennium, which resolves to intensify efforts at the international and national levels against HIV/AIDS and in particular to formulate and implement appropriate policies and actions to address the impact of HIV/AIDS on human settlements. It also recognizes the problem of accessing financial resources for housing by HIV/AIDS victims and the need for shelter solutions for accommodating HIV/AIDS victims, especially orphans and the terminally ill. The Declaration therefore recognizes the relevance and role of housing and shelter, or living environments, in the prevention, care and treatment of HIV/AIDS.

As regards prevention, the link between poverty and HIV/AIDS prevalence is now well established. One characteristic of the circumstances of poor people who are most vulnerable to HIV/AIDS infection is inadequate shelter. Poor living conditions, including overcrowding and, in extreme cases, homelessness, undermine safety, privacy and efforts to promote self-respect, human dignity and the attendant responsible sexual behaviour. Young girls living in overcrowded conditions are most at risk, and quite a number have been subjected to incest, rape and associated HIV infection.

Equally critical and often overlooked are the pace and nature of population concentration processes in cities, particularly in sub-Saharan Africa, as a factor in the spread of HIV/AIDS. The conditions of uprooted migrants who are often income-seeking members of once close-knit family units and communities; the day-to-day precariousness of first-income earners in cities; the sense of solitude and helplessness that the first impact of the big city invariably brings; and the lack of social and psychological support in easing the transition from rural to urban ways of life all combine to create the perfect conditions for the spread of HIV/AIDS.

Yet, cities are not only HIV/AIDS incubators; they can also provide an opportunity for better education and information on and prevention of its risks. *Public information is an essential component* of the good urban governance campaigns that the United Nations Centre for Human Settlements (Habitat) is spearheading in many cities in all continents. As the United Nations focal point for cities and local authorities, Habitat will also encourage mayors and world associations of cities to strengthen their efforts in combating HIV/AIDS.

Beyond prevention, housing and adequate living conditions have been established as critical in the success of care and treatment regimes for HIV/AIDS. A pioneering study recently released by Columbia University has reached the conclusion that, in New York, marginalized persons once deemed unlikely to comply with difficult therapies can thrive on them when they have secure housing with supportive services responsive to their complex needs. A major premise of the Bailey House model in New York is the reciprocal nature of housing and supportive services. Homelessness and conditions associated with homelessness are barriers to accessing services and adhering to service plans and treatment regimens; the provision of housing facilitates access, utilization and adherence.

These lessons are relevant to developed and developing countries alike on the importance of shelter in treatment and care for people living with HIV/AIDS. Developed countries that have yet to do so could emulate this Bailey House example, which is a clear Habitat best practice. For the developing countries, the findings of this study point to the double challenge not only of access to antiretroviral drugs, but also of the need to improve housing and supportive care, especially for slum dwellers, who make up over 50 per cent of the urban population in developing countries.

The President took the Chair.

Moreover, homelessness or unstable housing has been established as one of the biggest risks for continuous care. Individuals who are struggling with housing issues are often in and out of care as other more pressing needs compete for time and attention. Most worrisome is the fact that, if antiretroviral therapy is to be successful, adherence must be observed strictly to avoid the development of treatment-resistant strains of HIV. This clearly suggests that supporting developing countries' access to antiretroviral drugs as well as requisite supportive housing and services are now global public goods.

Let me end by emphasizing the importance of giving priority to prevention in a comprehensive and integrated strategy to fight the pandemic. In situations where 25 per cent of the population is infected, we are faced with disaster. As such, prevention information and education campaigns, followed by prevention

services, are a matter of life or death for society. Economic, social and cultural realities in seriously affected countries dictate, among other things, the following principles for a preventive package: first, household-to-household and institution-to-institution campaigns on responsible sexual behaviour, including safer sex; and secondly, comprehensive HIV testing and counselling. The availability of antiretroviral drugs is critical to promoting prevention because it has provided an incentive for people to wish to know their HIV status. If infected, they can at least take steps to live positively with HIV/AIDS. If free of the virus, they have greater reason to safeguard themselves against infection.

In my intervention, I have outlined the shelter dimension and the importance of a human settlements-based approach to HIV/AIDS control, care and treatment. Habitat, as part of the United Nations Secretariat and under the guidance and leadership of Secretary-General Kofi Annan within the framework of the Joint United Nations Programme on HIV/AIDS system, is ready to play its part in the follow-up to this special session.

The President: I give the floor to Ms. Thoraya A. Obaid, Executive Director of the United Nations Population Fund.

Ms. Obaid (United Nations Population Fund): I am honoured to address the General Assembly for the first time since my appointment on 1 January, but I am sad that my first words here are on this tragic matter of HIV/AIDS.

In the worst affected countries, the pandemic threatens to destroy a whole generation of leaders, workers and parents and to create a generation of orphans. In many countries not yet fully aware of the danger in all regions of the world beyond Africa, the infection is creeping through the population. HIV/AIDS is preparing to strike in full force.

Today we are striking back. Today AIDS has brought us together. We are united in our purpose, and unity offers the only prospect of success. We are united today across all boundaries, barriers and cultures. The negotiations have been long and difficult, but as we study the draft declaration we know that all differences were set aside for one common goal: to say "no" to the spread of HIV/AIDS and to say "yes" to prevention, care and treatment.

Consensus-building around social issues is extremely difficult because it touches the identity of nations, communities and individuals. Discussion of social issues and social questions polarizes viewpoints and may seem to widen the gap between cultures. But in the end the overriding social purpose concentrates our minds and enables us to bridge all cultural gaps, not because we want to go home with an agreed formulation of words, but because all of us, each in our own way, want to save people's lives.

The United Nations Population Fund (UNFPA) is one of the seven sponsors of UNAIDS, a leading global force and, I believe, one of the leading success stories of inter-agency cooperation in the United Nations. We all work together within our mandates, utilizing our individual comparative advantages to contribute to a comprehensive and synergistic response. For UNFPA, our area of comparative advantage is prevention. We have worked hard over the past 30 years with Governments and civil society institutions and international organizations to help countries provide reproductive health information and services. Now countries are using the experience and expertise gained over a generation to deliver information, to train health workers and to provide reproductive health services, including prevention and treatment for HIV/AIDS. We are putting HIV/AIDS in a health context that includes other sexually transmitted diseases, as well as diseases such as malaria and tuberculosis, which facilitate HIV transmission.

We are also concerned with putting the pandemic in a societal and development context, a context that includes poverty, illiteracy and lack of access to health services — basically, a context of inequality. Women are increasingly the victims of this disease as a consequence of their powerlessness and of discrimination and lack of resources. Women need the power to protect themselves from HIV infection. They need information; they need services; and they need to be empowered to exercise their right to say "no".

UNFPA-supported programmes also reach out to boys and men. Our experience shows that successful programmes do not blame or exclude people. Leaders at all levels, and especially community leaders, are engaging men in dialogue to ensure responsible sexual behaviour. They are discussing the need for men to respect women and girls and to treat them as equals. They are asking adult men to set a good example for boys as they grow into manhood by respecting their

partners, by empowering their daughters and by educating all their children.

When it comes to adolescents and young people, we may find it difficult to speak of such culturally sensitive topics, but we must find a way. We live in a rapidly changing environment. Cultures become stronger when they adapt to change and learn to manage that change while building on the wisdom of elders and the energy of the young. The changing environment requires that we listen to children and young people, communicating with them about matters that concern them and matters that may also confuse them — matters that are culturally sensitive but that are essential to their well being.

All of our different cultures have common elements. One among those is of critical importance: the value of knowledge. We should not fear that information about sexuality will encourage promiscuity, for ignorance is our worst enemy. Hundreds of studies and long experience show that when armed with information young people can, and will, take the correct decisions to protect themselves. But we must trust them, and we must provide them with the necessary information and access to counselling and appropriate services.

From our experience at the country level we know that HIV prevention works, and it works most effectively in partnerships. I would like to tell the Assembly quickly about one specific partnership, the African Youth Alliance, which brings together Governments, national non-governmental organizations, community and religious leaders, UNFPA, international non-governmental organizations and the private sector. With support from the Gates Foundation, we are expanding programmes for youth nationwide in four African countries — Botswana, Ghana, Tanzania and Uganda. Those countries are all committed to fighting HIV/AIDS, and we are helping their young people to acquire the skills, information and services they need to avoid infection. The project is unprecedented in scale and will serve as a model for other programmes in other regions of the world.

With our emphasis on prevention, UNFPA is at the frontline of the battle against HIV/AIDS. With our partners we have developed a global strategy for reproductive health security. Implementing that strategy will ensure that Governments and communities have the essentials they need to protect the reproductive health of their peoples. Funding is urgently needed to implement the strategy. It is also needed for education and awareness campaigns, for training health care providers and counsellors and for improving health systems.

Lastly, this special session on HIV/AIDS has agreed on what needs to be done to prevent the further spread of infection and how to do it. Now the task is to translate the draft declaration into concrete actions in each country and community in partnership with national stakeholders. UNFPA is dedicated to this task. We come from a wide spectrum of cultural backgrounds and differences of approach, but we are committed to one purpose: saving people's lives.

The President: I now give the floor to Mr. Mark Malloch Brown, Administrator of the United Nations Development Programme.

Mr. Malloch Brown (United Nations Development Programme): In the closing hours of this special session we can all accept that we are quite simply facing the most devastating global epidemic in modern history. The General Assembly has heard the statistics this week that there are now 36 million people living with HIV/AIDS and that, in the worst affected parts of the world, more than one in four adults are infected. But given the uncertain science of forecasting, we have not so fully confronted what happens if the disease is not checked: infection levels reaching perhaps hundreds of millions, a generation without parents, and economies collapsing as a slave-trade-like effect occurs, with the economically productive generation lost and leaving behind it societies of children and grandparents.

That is why this must be the year that the world finally goes on a war-footing. Doing so requires us to focus on three chief objectives: preventing new infections and reversing the spread of the epidemic, expanding equitable access to new HIV treatments, and alleviating the disastrous impact of AIDS on human development.

Whether we are able to succeed will depend on mobilizing all elements of society — from international organizations to political leaders, from businesses to foundations and civil society groups — to tackle this problem together. This General Assembly special session gives us a framework to do this.

This week all have agreed that HIV/AIDS is much more than simply a public health concern. Preventing its spread requires strong national political leadership driving a range of initiatives, including sex education in schools, public awareness campaigns, programmes in the workplace, mobilization of religious and community leaders, action to mitigate the impact on poverty and essential social services, support for orphans, and tough policy decisions in ministries of finance to ensure optimal allocation of resources to cope with the crisis.

The estimate that we have been discussing this week for an adequate global response to HIV/AIDS is $7 billion to $10 billion annually. That might sound like a large sum of money, but even that will give us only the tools to tackle the direct problems of prevention and treatment on a limited basis. Without increased development assistance and deeper debt relief to support national poverty reduction efforts, and without shoring up the provision of social services, which is severely affected now by the loss of human resources due to AIDS, efforts in the area of AIDS alone will be built on sand. Poverty, ignorance, gender inequalities and inadequate services remain among the most serious factors fuelling the spread of the epidemic and hindering access to treatment.

Under the leadership of the Secretary-General, the United Nations Development Programme (UNDP), as part of the UNAIDS coalition, is absolutely committed to ensuring that we achieve real results. Let me just mention two things. We are putting together an information and communications technology network to ensure follow-up to this session, to ensure that networks of practitioners are drawn together over the Internet to share best practices and to ensure effective follow-up.

Secondly, we in UNDP have this week sent out an announcement to all our staff reminding them that under our health insurance we are all covered for the use of antiretroviral drugs in case of HIV infection. So, for the 3,000 United Nations staff and families, many of them in UNDP, we are determined to ensure that they have the access to the best treatment, wherever in the world they serve. We challenge the private sector to match that in their provision of health care to their own colleagues and employees.

This is a terrible tragedy. This week we have shown that we can come together to meet it. Let us hope that the scale of our efforts lives up to the challenge we all face.

The President: I now give the floor to Ms. Noeleen Heyzer, Executive Director of the United Nations Development Fund for Women.

Ms. Heyzer (United Nations Development Fund for Women): We are gathered at the close of these historic three days, when Governments of the world convened as one body for the first time to address the greatest crisis of our time. We in the United Nations Development Fund for Women (UNIFEM) feel a sense of hope because of what our Governments have managed to accomplish together in the draft declaration that has emerged from this special session. If the strong gender perspective that has been incorporated into this joint draft declaration of commitment is reflected in all policies, resource allocations and actions from this point forward, we can truly turn the tide of HIV/AIDS. I would like to very briefly summarize the outcome for women and girls of this historic meeting in four overall points.

First, the greater threat that HIV/AIDS poses for women and girls — especially the young — and the effects of the pandemic on women's lives and futures are now without question.

Secondly, there is a fast-growing understanding that gender inequality and power imbalances between women and men in every society heighten the vulnerability of women and girls to infection and leave them with heavier burdens of care, especially when HIV/AIDS enters households and communities. At the same time, the world is gradually acknowledging that because of their sex, women and girls have limited access to information, prevention, treatment, care, support and services.

Thirdly, there is a new level of awareness. We have recognized that we need to deepen our understanding of the gender perspective of HIV/AIDS. In that way, we will be able to translate our declaration into targeted plans and programmes and into equal access to information, services, protection and concrete results.

Finally, there is a sense of urgency. We leave this special session with a new possibility. A global fund is under construction, a clean slate on which we can inscribe the lessons learned from two decades of HIV/AIDS. If the gender issues highlighted this week

are adequately addressed at this new starting point, and if we as the international community involve women equally in the design of the global fund and into the decisions about its mechanisms, operation and allocations, we can feel confident that we will have learned from history, and will not be doomed to repeat it.

As the HIV/AIDS crisis continues to unfold, danger and opportunity are the two possibilities. The outcome will depend in large part on whether we heed this special session's call — the call to recognize the ways in which the epidemic has different causes and consequences for males and females, and the call to approach every policy, programme and plan from a gender perspective.

What, in tangible terms, does a gender perspective mean? Some data about AIDS, for example, are well known. Other resources remain invisible. We know that 22 million people have succumbed to AIDS, but we tend not to notice the tens of millions of women and girls who have had to feed, nurse, clean and comfort those 22 million as death approached. I would like to stress that we now have a possibility of making a difference. A gender-responsive global fund offers new promise to the women and girls who care for the millions left sick and orphaned. It provides an opportunity to design and reformulate international cooperation that will assist all countries to address the kind of issues that will make a difference to women's lives. Let me, very quickly, list what some of those have to be.

We have to address the setting of realistic targets, linking each directly to gender equality. We must systematically involve women in the development of all AIDS research policies, strategies and interventions. We must separate all data by sex to increase our understanding in every country of who is affected, what factors help and hinder the spread of the virus, who suffers most from its impact, what form that suffering takes, and what kind of interventions are required. We must undertake gender reviews of national laws, policies and budgets related to HIV prevention, treatment, care and impact. We need to guarantee the rights of women and girls to legal protection, including their rights to land and property, as well as equal access to treatment and care and freedom from stigma, silence and harmful practices and customs. We must improve the availability of, and access to, prevention services and resources, including female and male condoms.

The new global fund will certainly be different in size and scope. We have a chance to make it just as unique in its philosophy, designed from the start to ensure and to prove that gender equality need not remain a lofty ideal, but can be a guiding principle. As we succeed, our reward will be an increase in the millions of women and men, girls and boys, living longer, better, happier lives in a world made safer, more just and more humane. We owe this to our children.

The President: I now give the floor to Ms. Beatrice Were, Key African Contact of the International Community of Women Living with HIV/AIDS.

Ms. Were (International Community of Women Living with HIV/AIDS): On behalf of the millions of women living with HIV and AIDS, I feel enormous honour in speaking to the Assembly, especially on this very critical topic. I feel most honoured to speak on behalf of women. As a mother who has lived with HIV for the last 10 years, I wish to voice the dilemmas that HIV-positive women are challenged with in their daily lives.

We are faced with very difficult decisions over whether or not to have children. The majority of women faced with this decision live in communities where childbearing is still regarded as the highest merit and measure of self-esteem and social security. We are also faced with the dilemma of whether or not to breastfeed our children, at the risk of societal judgement and stigma. Access to treatment and care is another dilemma that women with HIV continue to face. We are also faced with the dilemma of dealing with legal rights and the lack of rights to own and inherit property. These conditions heighten our vulnerability to HIV infection and the risk of transmission.

My personal experience, both as a worker and as a mother with HIV, has taught me two critical lessons in dealing with this epidemic. One is that a person who is not supported and who is not accepted can be a great liability. The second lesson that I have learned is that a person who is supported and accepted is a great asset and role model. I stand here before the Assembly as proof of the latter. The International Community of Women Living with HIV/AIDS believes in the self-

empowerment of women living with HIV/AIDS so as to enhance our response to the epidemic by reducing our vulnerability.

I would therefore like to commend those countries whose delegations to this forum include people living with HIV and AIDS, particularly women. I am certainly dismayed by the prominent omission of HIV-positive women in most Government delegations, including that of my own country, which is regarded as a role model in this fight.

It is important for Governments to acknowledge that in order to understand the pain that HIV inflicts on communities, we must place people living with HIV — and women in particular — at the centre of all interventions, of decision-making and of implementation; for we know where it hurts most.

Negotiations like these normally tend to be highly political and full of semantics. Allow me to draw the attention of the Assembly to the fact that these negotiations are not about mere statistics. They are not just about people "over there". As you deliberate, remember that your are discussing and negotiating real lives, our lives. These are the lives of millions of women who are battling the cruelty of this virus. It is the reality of these women that I bring to you today. The world needs all its women, and it needs them healthy and alive.

I would like to reiterate what an earlier speaker said: that history will judge us by our actions. As HIV-positive women, we are organized in a strong network, determined to bring meaning to our lives and those of the members of our communities. We therefore call upon the support of the Assembly and ask that it make political commitment a reality by fully and meaningfully involving women living with HIV and AIDS at every level, particularly in managing and monitoring the global AIDS fund. I count on the impetus of this forum and on the Secretary-General's special effort.

The President: I now give the floor to Ms. Geeta Rao Gupta, President of the International Centre for Research on Women.

Ms. Gupta (International Centre for Research on Women): Here we are, almost at the end of this special session of the General Assembly, following all the intensive work that led up to it. It seems appropriate to use this moment to ask ourselves, what have we really learned? Once we, as representatives of civil society, Governments, international agencies and corporations, leave this Hall and return to our respective worlds, what must we do as we go forward?

From where I sit, as a representative of a civil society organization, I believe that this special session and the pandemic have taught us five key lessons that we must draw upon to define our priorities as we move forward. Many of them have been mentioned before, but they bear repetition.

The first lesson is that we have learned that prevention, treatment, care and support are mutually reinforcing elements of an effective response to this epidemic. It is not useful to pit prevention against treatment or treatment against care because each of these is an essential part of the required comprehensive approach that must be used to fight HIV/AIDS. Although we urgently need treatment, a vaccine and other biomedical intervention, there is no single magic bullet, and, sadly, there never will be. This is a complex disease that will always require multiple interventions, simultaneously implemented and available. So let us resolve to end useless discussions that seek to identify which intervention is more important. We have a lot to do, and we must work together to garner the resources necessary to strengthen prevention, treatment, care and support for all, regardless of nationality, religion, sex, age, sexual orientation or ethnicity.

The second lesson is that there can be no debate after this session about the role that gender inequality plays in the HIV/AIDS pandemic. Gender inequality fuels this disease. Gender inequality is now fatal; it kills our young, and our women and our men in their most productive years. Gender norms that restrict women's access to productive resources create an unequal balance of power in society that favours men. By far the most disturbing form of male power is violence against women, which is a gross violation of women's rights and acts as a significant deterrent to prevention, treatment, care and support. In the coming decade let us resolve that we will work harder to provide the resources to protect women's basic right to safety and bodily integrity; that we will reduce the gender gap in education and improve women's access to economic resources, assets and opportunities; and that we will invest in making the female condom more accessible and affordable, and in making microbicides a reality. Let us resolve that we will invest in girls and

women because it is the right thing to do and the smart thing to do, for women, households, communities and entire nations — and because without that investment we will never contain this epidemic.

The third lesson is that we have learned that we cannot hide behind a shroud of silence with regard to sex and sexuality and its role in the spread of this epidemic. The definition of male and female sexuality in society greatly affects both women's and men's vulnerability to HIV infection. We have talked some about women's vulnerability. Let me spend a moment discussing the effect of masculinity on male vulnerability.

We know that prevailing norms of masculinity that dictate that variety in sexual partners is essential to men's nature as men puts men, particularly young men, at risk because it coerces them into experimenting with sex in unsafe ways to prove their manhood. Similarly, the notion that sexual domination over women is the defining characteristic of male sexuality contributes to homophobia and exposes women to the risk of physical and sexual violence.

Many countries have learned the hard way — by losing lives — the cost of supporting a culture of silence and stigma surrounding sex. We must openly and without embarrassment discuss sex and sexuality and we must foster an acceptance of diversity in sexuality and in sexual experience. Homosexuality and sex work are realities in every country. Stigmatizing men who have sex with men or sex workers is a violation of human rights and is the cause of enormous human suffering and pain. Public health research has shown that such stigma fuels the spread of HIV/AIDS. We cannot and must not let our misguided morality — or for that matter, our politics — stand in the way of public health imperatives. Those who, after this special session, continue to oppose a free discussion of sex and an acceptance of all forms of sexuality must know that history will judge them harshly and that the number of lives lost to this epidemic will serve as witness to their actions.

The fourth lesson is that we have learned that, as adults, parents and decision makers, we must do all we can to empower our children and youth in this epidemic. They are our future and this epidemic is rapidly threatening that future, but, more importantly, they are, with us, experiencing this epidemic in the present. The millions of orphans who are left behind and burdened with the adult responsibility of taking care of themselves and their siblings, or the infected children who must suffer the agony of illness and disease, or the young women and men who struggle to discover and enjoy their new-found sexuality in a world that is increasingly dangerous and deadly: all these young people are in need and we must respond because they need adults who they can trust and depend on, adults who will respect their rights as individuals, adults who will listen to them and value their perspective. Let us resolve to empower our youth, particularly girls, to allow them to participate and organize, to provide them full and free access to information and resources, to protect their rights and to provide them all the social support they need as they face a present and a future that are tainted by this epidemic.

Finally, the fifth lesson we have learned is that, to combat this epidemic, we need cooperation, collaboration and a sharing of resources. We have learned that, as Governments, civil society, international organizations or private sector corporations, as representatives of the North or the global South, we have a lot to offer, but that on our own we can achieve very little. Each of us has resources that are uniquely ours. For example, community-based organizations, because they are at the forefront of this epidemic, have a wealth of experience that is just as valuable as the financial resources that donors and Governments have.

We must remember, however, that the efforts of community-based organizations are greatly hindered by a lack of funds. As Moustapha Gueye of the African Council of AIDS Service Organizations said this morning, community-based organizations need cash. We must share our respective resources and coordinate our efforts; none of us can afford to slacken our commitment. We must operate transparently and in an accountable manner. We must honestly debate, discuss and respect each other's perspective, and sometimes we must compromise. This is not an epidemic about others; it is about us.

We have spent these three days issuing to the world a declaration of our commitment; now we are accountable for acting upon that commitment together, guided by the lessons that experience has taught us and by the principles of non-discrimination, mutual respect, humility and compassion.

The President: I give the floor to Mr. Javier Hourcade Bellocq of the Global Network of People Living with HIV/AIDS.

Mr. Bellocq (Global Network of People Living with HIV/AIDS) (*spoke in Spanish*): On behalf of the Global Network of People Living with HIV/AIDS, we wish to thank the Secretary-General of the United Nations and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for having promoted and defended, together with a number of Member States, the participation of civil society and of people living with HIV/AIDS through the various phases of work necessary to achieve the declaration of commitment.

Between the first draft and the text we are about to adopt, there have been a great many improvements. Terms, concepts, ideas and commitments have been incorporated into it reflecting some of our most urgent needs. Many of the more vital aspects of these issues, however, have been left out. These gaps and omissions have already been addressed by my colleagues in other statements and by our organizations in all of the formal and informal consultations, as well as on those occasions when we have participated in the dialogue, such as in the round tables. All these omissions weaken the declaration because, 20 years after the epidemic was identified and with over 35 million people infected by the virus throughout the world, one element of international diplomacy made the most strenuous efforts to avoid hurting the national sensitivities of some countries in the course of negotiations. This process weakened the document to the point that it enabled the achievement of consensus, albeit a consensus on a neutral document.

The document will ultimately be signed and the States Members of the United Nations, each in its own way, will acknowledge in due time the severity of the HIV/AIDS pandemic, undertaking commitments to improve the terrible situation facing our communities. The challenge, then, is to give life to this document beyond its limitations. It is to move from words to action, from rhetoric to commitment, from consensus to leadership. Thus, perhaps in 2003, 2005 or 2010, we will be able together to judge whether we have made a difference with this initiative or whether we must continue in impotence to describe our failures and the advance of the systematic extermination of our populations.

A hopeful civil society wishes to declare its commitment to the declaration in the sense that we wish to pursue our active participation with those who feel it necessary for the document's better implementation. Those of us who live with HIV/AIDS are ready to participate actively in all initiatives to improve the quality of life of the community affected by AIDS. This will be possible only if we reduce the stigma and discrimination surrounding AIDS and against people living with HIV/AIDS and those who are at the greatest risk, and if we develop prevention initiatives closely linked to comprehensive care for people living with the disease. These three elements are intrinsically linked and represent the way in which we can begin to provide an effective national, regional and global response to the problem.

In conclusion, allow me to say that living with HIV/AIDS today is a privilege available to very few people in very few countries. We stress the urgency of promoting universal access to treatment. This cannot be up for discussion; it is based on good science. We must reduce the grotesque disparity between the qualities of life of peoples. We cannot accept and support national and international policies that have generated two categories of human beings: on the one hand, those who live with HIV/AIDS thanks to the necessary antiretroviral treatment and have recovered their capacity to work, to dream and to have a life, and, on the other, the overwhelming majority, which, without adequate treatment, will die of AIDS.

Civil society and people living HIV/AIDS adopt this declaration, and we will continue, with a critical eye, to work alongside and to actively support those who want to make a difference, those who make a political commitment and play a leadership role in reducing the impact of HIV/AIDS on our lives. If they wish to work in the right way, we are their best allies. As I have said on many occasions for the past 10 years, the people living with HIV/AIDS are not the problem, we are part of the solution.

The President: I give the floor to Mr. William Roedy, Chairman of the Global Business Council on HIV/AIDS.

Mr. Roedy (Global Business Council on HIV/AIDS): Thank you, Mr. President, for allowing me to speak as a representative of the private sector. I am encouraged by the progress this week. The business response to AIDS has gained much momentum,

particularly during the last few days. However, it must be noted that the response to date of the business community in the aggregate has been terribly inadequate.

While there have been a broad range of very good-quality responses, on the whole they have not matched the magnitude of the epidemic, nor the capability of the business community.

What is our capability? We have unique strengths that we can deliver to fight AIDS. In fact, we are very well suited to this fight. We have leadership. We have influence globally and locally. We have marketing expertise and sales expertise. We sell every single day. We have communication skills. We have media outlets. We have supply chains. We have distribution. We have organization, and we have infrastructure — global infrastructure. Most importantly, we have people. Quite simply, we have the potential to reach every human being on the earth. And HIV/AIDS affects business every day in many, many different ways.

So, what to do? Well, here are some current themes.

First, we must play to our strengths — each company plays to its respective strengths. One size does not fit all. For example, one half of new HIV infections occur in people aged 25 or less. This is MTV'S — my company's — audience. We use our global network to communicate prevention and combat stigma. This is our obligation and responsibility.

Secondly, the Global Business Council's "Blueprint" can help guide programmes to suit individual businesses. Just this week thousands of copies have been sent out.

Thirdly, think about employees, customers and their local communities: concentric circles. Employees are our responsibility. It is not an option. But also we need to think about our customers.

Fourthly, we must energize all businesses and expand the Global Business Council to hundreds of companies.

Fifthly, business leaders around the world must join national business councils — chapters at the national level. If such councils do not exist in a given country, the Global Business Council will help start one.

Most importantly, we must not tolerate complacency. No lip service, no slowing down by committees, and so forth, and so forth. We must get on with it, as business is very capable of doing. We do it every day with our own businesses, and HIV/AIDS should be no exception.

We are also reaching out to Governments. We need your partnerships. We need every partnership we can get.

We thank Peter Piot and his wonderful colleagues at UNAIDS for the guidance they have provided the Global Business Council (GBC) and their partnership.

But I want to be very clear here. If representatives take one message back to their Government leaders, let it be this: members of the GBC want to work with every Government represented in this Hall today — every single one of them. Bring us into their policy discussions; include us in everything. Use us and challenge us. Governments' leadership will be invaluable, especially in endorsing our initiatives.

These initiatives include workplace programmes, national business councils, getting businesses to play to their strengths, and many, many more initiatives. Governments' endorsement can make a huge difference.

Let us not get held back by cultural differences, even though they exist. Let us not get held back by our disagreements. Yes, the world is incredibly diverse, and we must include different approaches. But, most importantly, it is about action, getting on with it. This is what we, business, commit to do.

Finally, business — in partnership, and only in partnership, with Governments and non-governmental organizations — must and will be a leader in this fight. This is my promise. This is our pledge.

The President: I give the floor to Father Christophe Benn, representative of the Commission of the Churches on International Affairs of the World Council of Churches.

Father Benn (Commission of the Churches on International Affairs of the World Council of Churches): The World Council of Churches wishes to express its sincere appreciation to the United Nations for organizing this special session and its deep gratitude for being allowed to present this statement.

I am standing here for Reverend Gideon Byamugisha, an Anglican priest from Uganda who is living with HIV/AIDS. He was supposed here to speak on behalf of our delegation, but unfortunately today he fell ill and cannot be with us. I would like us all to remember Reverend Gideon in our thoughts and prayers.

This incident actually demonstrates again how this disease affects countless individuals around the world. It also shows that churches are themselves in the midst of the HIV/AIDS crisis. Many in the church family are ill, infected or affected. There is no division between us and them.

HIV/AIDS is an illness that violates God's will for his creation. Recognition of and respect for the dignity of each human person, regardless of circumstance, is fundamental to all our responses and actions.

This dignity is best respected by protecting the rights of people living with HIV/AIDS and promoting an attitude of care and solidarity which rejects all forms of stigmatization and discrimination. We must fight HIV/AIDS and not its victims.

All persons infected and affected by HIV/AIDS should be accepted in their own communities and receive support and care, including access to treatment. The churches are committed to using all their resources to support these efforts.

High-risk and vulnerable groups — for example, people with drug dependencies, prisoners, refugees, migrant populations, internally displaced persons and persons with a homosexual orientation — require particular attention and accompaniment that fully respects their essential human rights.

The particular risks of women must be addressed through prevention, care and treatment. More fundamentally, the social, political and economic structures and systems which create their vulnerability must be challenged. The particular needs and risks of youth, including those not yet affected, must be addressed with urgency.

Out of respect for life, abstinence and other proven methods of preventing HIV/AIDS — for example, in the form of delayed sexual activity in young people, faithfulness in sexual relationships and the use of condoms — should be promoted and supported.

I would like to dismiss the widespread myth that all churches and religious organizations are against the use of condoms. The World Council of Churches, with its 340 member churches all around the world, has adopted an official policy acknowledging the use of condoms as one option in the prevention of HIV/AIDS.

HIV/AIDS is understood as a poverty-related disease. Economic, social and political structures and systems, including international debt, that allow the spread of HIV/AIDS must be addressed within that context. Harmful beliefs, practices and traditions in societies and in churches that increase the spread of HIV/AIDS must be challenged.

Churches understand that governments at all levels have a primary responsibility to ensure and protect public health, and that that responsibility must be reflected in funding patterns and demonstrated by political will. But churches are prepared to work cooperatively with all people of good will, which includes other religious communities, community-based organizations, Governments and United Nations agencies, in responding to HIV/AIDS.

I am speaking here on behalf of the World Council of Churches and cannot claim to speak for all other faith-based organizations. But the World Council has facilitated the formation of a broad coalition and has issued a statement supported by many different faiths and faith-based organizations, which has been distributed at this special session on HIV/AIDS and which will be send to the Secretary-General after the session. Let me close by reading out the last paragraph of that joint statement of faith-based organizations.

> "The international community can take this opportunity offered by the special session on HIV/AIDS to build on the unique resources offered by faith-based organizations, given our local community presence, influence, spirit of volunteerism and genuine compassion facilitated by our spiritual mandate. Governments alone will not be able to launch the broad-based approach that is required to address this problem decisively. This special session on HIV/AIDS should lead to a broad coalition between Governments, United Nations organizations, civil society and non-governmental organizations, including faith-based organizations. Given this joint cooperation and the necessary resources, we can make a tremendous difference to the fight

against AIDS in terms of prevention, care and treatment. The faith-based organizations represented at this special session on HIV/AIDS and supporting this statement realize that we cannot claim to speak for all world religions and religious organizations. But we wish to express our sincere commitment to continuing to work within our own communities for the dignity and rights of people living with HIV/AIDS, for an attitude of care and solidarity that rejects all forms of stigma and discrimination, for an open atmosphere of dialogue in which the sensitive root causes of HIV/AIDS can be addressed, and for strong advocacy to mobilize all the necessary resources for an effective global response to the pandemic."

Together, we can overcome.

The President: I give the floor next to Mr. N. M. Samuel, board member of the International AIDS Society.

Mr. Samuel (International AIDS Society): I bring greetings from the International AIDS Society as a member of its governing council. This special session of the General Assembly to focus on HIV/AIDS is commendable and timely. We not only congratulate Mr. Kofi Annan and Mr. Peter Piot of UNAIDS, but we thank them for their leadership and for organizing this special session.

We need to stop the spread of HIV and use the scientific insights already in our possession to prevent HIV/AIDS. Prevention must be liked to care. Over the past 20 years we have focused our attention on prevention alone in the developing country scenario; from today, let the future focus be on prevention that includes care. As a professional medical doctor, I know that we have treatment strategies available for HIV/AIDS, and that the availability of drugs for infected individuals is a basic human right. It is our responsibility to provide appropriate treatment for people under our care.

Whether HIV/AIDS patients are in the African continent, or in the Asia-Pacific region, or in South America, the message is clear and loud: we need to provide antiretrovirals as part of the care for patients infected with HIV. We need to allocate additional resources, both at the national level and at the international level, for the care of the infected.

The International AIDS Society has more than 12,000 members in more than 120 countries; it is a society of scientists and health care and public health workers engaged in HIV/AIDS prevention, control and care. We are committed to bringing new scientific advances to the centre stage of public health: vaccines, microbicides and appropriate antiretroviral regimens, and their implementation and monitoring. We need to use currently available strategies to interrupt HIV transmission. The only tools that are available at present are antiretroviral drugs. They are pivotal in reducing transmission and in improving the quality of life of men, women and children.

I come from Tamil Nadu in India. Mother-to-child transmission programmes initiated nationally show tremendous success in voluntary counselling and testing and in the reduction of HIV transmission from mothers to infants. In addition, those programmes have increased risk perception among women. There is an urgent need to explore alternate treatment strategies appropriate for developing countries. And there is yet another urgent need: not to delay the administration of treatment until the perfect situation develops.

The training of health care teams, including physicians, nurses, laboratory staff and village health nurses, is yet another need. The International AIDS Society is uniquely placed with its Share Programme, working with local experts and public health officials throughout the developing countries to provide HIV/AIDS educational programmes that are locally relevant.

We need to be bold, courageous and compassionate to provide care to individuals who are infected and are under our care. Therefore, let us all commit ourselves to translating knowledge into action.

The President: I give the floor to Mr. Richard Burzynski, Executive Director of the International Council of AIDS Service Organizations.

Mr. Burzynski (International Council of AIDS Service Organizations): I stand here before the Assembly on behalf of the International Council of AIDS Service Organizations (ICASO), a global network of non-governmental and community-based organizations. We are the community groups throughout the world that provide care to people living with and affected by HIV/AIDS, that advocate for their human rights, and that work to implement and, where

necessary, create meaningful and sustainable public policies and programmes.

ICASO has played a significant role in coordinating and facilitating civil society inputs and activities related to this special session. The vast majority of us in civil society strongly believe that what the General Assembly says and does is critical to intensifying and accelerating the global response to AIDS. That is why we have been working so hard over the past months to influence the preparation of the draft declaration of commitment.

Participants have been wrestling with issues that have never before been raised in the General Assembly. Indeed, it is important to acknowledge that this is the first time that this body has convened specifically to discuss AIDS. That is both an indictment of the General Assembly's inactivity over two decades and a striking testimonial to the leadership of the Secretary-General and the President of the General Assembly.

If we are to turn back the tide of AIDS, if we are to reverse HIV infection rates, if we are to save the lives of millions of people — in fact, if we are to have any effect on this pandemic at all — we cannot shy away from being very specific about the groups that are most vulnerable to infection, that need to be educated about prevention and that need care and treatment. You have decided that you cannot name them; I can. They include men who have sex with men, injecting drug users and their sexual partners, and sex workers and their clients.

Religious beliefs and cultural practices cannot impede the progress we have made thus far. Governments that place religious tenets above a candid and comprehensive response to the epidemic are committing an egregious sin. No god, in any religion, in any culture, could countenance the death and devastation that this disease has caused. It is up to us — not to any deity — to stop this thing now.

The Secretary-General has said, and popular opinion agrees, that the financial resources needed to accelerate and intensify a global response to AIDS exist now. All that is needed is leadership and political commitment to meet the targets. The Governments of the world must act to mobilize those resources through whatever mechanism is most efficient. If that mechanism is the much-talked-about global fund for AIDS, I urge them to include civil society in the governance and administration of the fund and in its monitoring and evaluation, and they must do all they can to ensure that the money from the fund goes directly to the community groups that need it most and know best how to spend it. Civil society will pursue this agenda aggressively in the coming weeks, as the architecture of the fund is deliberated.

From our perspective, the draft declaration that the Assembly has agreed on and will now adopt has all the right targets, all the ambitions and all the ideology required to become a powerful tool. We all know that the United Nations system cannot realize alone the objectives of this draft declaration. It needs partners, and we stand ready. We have been working on this for 20 years, and we know what to do. The International Council of AIDS Service Organizations intends to use the draft declaration to call for better policies that lead to more effective programmes at all levels. We will hold Governments accountable to the commitments made in this document, and we will be their allies in making this more than just another global policy statement. We will help to make this document a viable programme of action that defines our collective ambitions, provides Governments with reasonable, attainable goals, and can be easily translated into more effective and aggressive programmes. You have provided a comprehensive global policy; now we will be your partners and turn it into action.

One of the subtle ways in which AIDS is devastating is its ability to divide us: North from South, black from white, gay from straight, bureaucrat from activist. We cannot let those divisions widen. If we do not work together, AIDS will win.

The President: I now give the floor to Her Excellency Ms. Dulce Maria Pereira, Executive Secretary of the Community of Portuguese-Speaking Countries.

Ms. Pereira (Community of Portuguese-Speaking Countries) (*spoke in Portuguese; English text furnished by the delegation*): I should like to begin by congratulating the Secretary-General of the United Nations on his initiative to convene this important special session of the General Assembly devoted to the fight against HIV/AIDS. I would also like to thank UNAIDS and Dr. Peter Piot for their tireless work in bringing together the most diverse protagonists to create awareness of the urgent need to mobilize all the resources possible in the fight against this scourge.

The Community of Portuguese-Speaking Countries, formally created on 17 July 1996, is a multilateral organization that includes Angola, Brazil, Cape Verde, Guinea-Bissau, Mozambique, Portugal, Sao Tome and Principe and East Timor, which will be an observer until it becomes a nation State.

The objectives of this session are currently of great concern to all countries, and I therefore believe it appropriate to congratulate the organizers on the relevance of the subjects proposed for discussion.

The question of HIV/AIDS is currently at the forefront of the concerns of all countries, international organizations, non-governmental organizations, religious institutions and civil society groups in our communities, because the consequences of the epidemic are devastating and are capable of decimating our populations. The HIV/AIDS virus, detected in the 1980s, has spread alarmingly in all countries, particularly in those where the people are living in the worst social and economic conditions. Africa and Asia have been the most devastated continents. Because of the lack of effective medication and the inability to determine the true extent of the disease, we know that the situation is much more serious than we had previously thought.

Above all, we are concerned about new infections resulting from transfusions of contaminated blood and vertical transmission between mother and child. Recently, researchers have detected a new virus — HIV-I.

AIDS stopped being seen as a disease specific to certain risk groups a long time ago. Its social impact is today truly global, because it is affecting entire families: children who become orphans; active young people who are taken out of the productive system; and elderly people who are obliged to take on the burden of their grandchildren — children who are frequently also carriers of the virus. It is obvious that all of these situations have a negative impact on our nations' economy, especially with regard to productivity levels, and that has a negative effect on the development of our countries.

For all of these reasons, the Community of Portuguese-Speaking Countries, the Executive Secretariat of which I am honoured to direct, is concentrating it efforts on fighting this terrible scourge that is affecting its member States in very specific ways. In Angola, it is believed that in the next 8 years there will be 1 million new cases of HIV/AIDS, which will result in life expectancy in that country being reduced by five years. In Brazil — a country that has been a pioneer in the fight against HIV/AIDS and in the treatment of its population — 536,000 cases of HIV were reported as of June 2000.

In the meantime, women continue to be among the most vulnerable groups.

In Cape Verde, authorities are concerned about the precarious condition of the health-care system, which lacks the basic necessities to adequately treat the population.

Guinea-Bissau has one of the highest rates of HIV/AIDS infection in the world. In Mozambique, World Health Organization estimates indicate that close to 14.5 per cent of the population between 15 and 49 years of age is infected by HIV/AIDS. Also of concern is the fact that the disease is spreading to children and to women of all ages. It is predicted that 10 years the virus will affect close to 60 per cent of the population, which will reduce the life expectancy of the people of Mozambique by 15 years.

In Portugal, 15,000 people are infected, half of them drug users. That country's scientific community and our scientific community are concerned at the results of screenings that have indicated the existence of a possible new strain of the virus.

In Sao Tome and Principe, there is a high risk of contamination by transfusion. Contaminated blood has been used because of the lack of testing modalities.

In East Timor, despite the fact that it is currently impossible to determine the extent of the spread of the disease, we know that the population there is highly vulnerable. To deal with this scourge, our Community agreed on a pilot programme carefully designed by the public authorities responsible for the fight against HIV/AIDS. This rigorous and modular programme, which cuts across gender lines, takes into account the overall health situation of each member State and the dramatic impact of malaria and tuberculosis. The project also takes into consideration the realities of conflict and post-conflict situations and ensures that maximum efforts are deployed in that connection by the health authorities of each country. Implementation will take place through a multilateral agreement signed among the member States this year.

Among the programme's objectives are the development of key strategies that will make it possible to provide antiretroviral medication and condoms to the members of the Community. All of its member States must have access to technology to detect HIV/AIDS and other sexually transmitted diseases. The national information and prevention structures will be reinforced, and we will be trying to devise new strategies to promote a better knowledge of the disease among our peoples.

We can summarize our general objective as being the institution of a general policy to fight against HIV/AIDS and other sexually transmitted diseases. This policy is defined as a priority in the Declaration issued by the heads of State of the member countries of the Community — the Maputo Declaration — with a view to comprehensive care and follow-up for the peoples of the Portuguese-speaking community.

In December 2000, the Portuguese-speaking African countries and the Executive Secretariat of the CPSC undertook campaigns to ensure the dissemination of the concept that societies have the basic right of access to medication, to care for their citizens who are living with HIV/AIDS, and to a better quality of life, while ensuring their right to access to knowledge and the available technological advances. All of the heads of State of our community are committed to the implementation of this project.

Several of the bilateral agreements among the member States are aimed at carrying out the transfer of knowledge and at working together in the fight against HIV/AIDS, which is transmitted through the most intimate and private of human relations.

The situation of the member States justifies the presence of the World Health Organization (WHO) and UNAIDS in the African area in the fight against these infectious diseases, particularly HIV/AIDS.

That is why that agency called, at the Abuja Conference, for the creation of a common fund to allow us to design a future scenario that will guarantee continuity of care for our people. That common fund must be used to support the least developed countries, in order to allow them to overcome the terrible vulnerability of their communities and the effects of asymmetrical globalization. It must also be used to fund the necessary actions and programmes to control the spread of HIV/AIDS.

It is shameful that, despite all of the scientific and technological possibilities available at this time in human history, we are still immobilized by the lack of accessible medication, vaccines and other instruments and mechanisms for prevention.

We enthusiastically support the proposal of the Secretary-General in connection with the creation of the aforemenetioned fund, and we would urge that cultural realities and imbalances between populations with respect to access to information be considered in the use of the fund.

The Community of Portuguese-Speaking Countries is convinced that a large part of the resources used for war and other universal evils should be used to save lives and guarantee the quality of life of our peoples. We also express our determination to earmark specific resources for the developing countries so that they can implement programmes against HIV/AIDS. Those resources should be allocated in a manner that does not have any negative impact on the countries in question. The community of Portuguese-speaking countries will participate in the mobilization of State resources and of social actors in order to fashion a more positive destiny for humankind, fighting energetically against the tragic reality of the epidemic we are suffering.

The Portuguese-speaking community calls upon the international community, especially the countries and institutions that are relatively richer, to work sincerely in the fight against HIV/AIDS and to reduce the disastrous impact it is having on our societies.

The President: We have heard the last speaker in the debate on agenda item 7.

Oral presentations by the Chairpersons of the four round tables

The President: In accordance with General Assembly resolution 55/242, we shall now hear oral presentations by the Chairpersons of the four round tables.

I give the floor to His Excellency The Right Honourable Denzil Douglas, Prime Minister of Saint Kitts and Nevis, Chairman of round table 1, held on Monday afternoon, 25 June 2001.

Mr. Douglas (Saint Kitts and Nevis): The prevention and care round table was a lively and interactive discussion and brought out many issues and

challenges to be addressed in order to scale up and expand prevention and care interventions to a level that will have a significant impact on the HIV/AIDS epidemic.

The discussions can be summarized as follows. All speakers were cognizant of the human catastrophe at hand due to HIV/AIDS, especially in sub-Saharan Africa and the Caribbean, the two hardest-hit regions globally. It was echoed by many delegates at this round table that prevention and care are inseparable and mutually reinforcing integrals of a holistic response to the HIV/AIDS pandemic that must go hand in hand. Alongside the central role of prevention, there is an escalating need for care and support for those who are already infected and for their families, and a need to deal with the societal and developmental impact of the epidemic.

Representatives at this round table also felt that there was a need to respond to the various scenarios of the epidemic, taking on board the various sociocultural and economic situations of the communities, in order to promote a full spectrum of responses, from immediate prevention, such as abstinence or condom use, to long-term behavioural change, including efforts to empower women to say no to unsafe sex, to protect children from infection and the impact of HIV/AIDS and to empower our young people.

The critical need to empower communities to fight HIV/AIDS was echoed at this round table, as was the need for effective leadership at all levels. The involvement and empowerment of people living with HIV/AIDS and civil society were emphasized as a key component of an effective response.

Concern was also expressed about the role of poverty in fuelling the HIV/AIDS epidemic, deterring prevention and care and increasing vulnerability, particularly in sub-Saharan Africa, and the need for urgent and concrete measures to break the poverty-HIV/AIDS cycle.

Many representatives at this round table called for the global fund to be established urgently to deal with HIV/AIDS. Participants urged that mechanisms of its operation should be clarified urgently, and that it must give priority to combating HIV/AIDS in the most heavily affected countries and regions. Interventions must be culturally sensitive and responsive to the needs of various groups, including women, young people, orphans and other vulnerable groups, and must strive to build the social fabric necessary to deal with this terrible epidemic.

There is a need to institute preventive education and information to promote responsible and safe sexual behaviour and to enable individuals to make informed decisions about their own health and their lives.

Early diagnosis of HIV provides opportunities for prevention, and the introduction of effective treatment and care was stressed. The need to expand voluntary counselling and testing as an entry point for prevention and care, coupled with access to treatment, was highlighted as key in expanding the HIV/AIDS response. Emphasis was also placed on the need to strengthen the health sector within the multisectoral response, in order to deliver existing interventions more widely and effectively to those who need them most, specifically our youth and our women.

Issues of treatment, care and support were discussed at length at this round table. Many representatives, including those of civil society, emphasized the need for good-quality treatment and care as critical elements of an effective HIV/AIDS response and the role of care in strengthening prevention efforts.

Many representatives at the round table noted with concern the absence of affordable treatment and care for HIV infection and AIDS-related conditions. The need to implement interventions that had been shown to work was emphasized, including prevention, diagnosis and treatment of sexually transmitted diseases; ensuring the safety of blood and blood products; and universal precautions against infection and prevention of HIV in pregnant women and its transmission to their innocent children.

Very strong appeals were made to the international community and to the pharmaceutical industry to provide the necessary resources and commodities to help build the infrastructure and capacity that is needed to combat HIV/AIDS in highly affected countries. It was emphasized in this round table that HIV/AIDS treatment, including antiretroviral therapy, can be implemented successfully, even in low-resource settings.

Representatives also emphasized the need to step up investment and research into HIV vaccines, especially those relevant to the strains of the virus found in developing countries.

Many representatives cited examples of successful initiatives resulting from collaboration and coordination at various levels — national and community, public and private. The need for strategic partnerships is key — and I stress this word, key — for scaling up HIV/AIDS programmes. They highlighted the need for South-to-South collaboration in tackling HIV/AIDS.

It was felt that advocacy efforts must be intensified to increase awareness, political commitment and resources for combating HIV/AIDS and to deal with stigma, gender inequities and other factors contributing to the epidemic and its impact. The need for capacity-building to enable service providers in all sectors, including health and education, to meet the challenges posed by HIV/AIDS and its impact was thoroughly emphasized.

I am certain that I am speaking on behalf of all participants in round table 1, on prevention and care, in commending the Secretary-General for providing more information on the structure and administration of the global health fund since the first round table was convened on Monday afternoon. It is clearly evident that the ideas that have been generated at this special session of the General Assembly are being translated into action now — indeed, immediately. This augurs well for the future.

The President: I give the floor to His Excellency Mr. Grzegorz Opala, Minister of Health of Poland, Chairman of round table 2, held yesterday morning, Tuesday, 26 June 2001.

Mr. Opala (Poland): Let me start my concluding remarks by sharing with you my deep conviction that the round table which I had the great honour to chair gave us the opportunity for a truly open and creative discussion.

I would like also to express my gratitude to all participants for their significant contributions to the discussion.

There was clear and broad agreement among participants that respect for, and the promotion and protection of, human rights is vital to the successful fight against HIV/AIDS.

Let me underline four aspects of a human-rights-based approach to the HIV/AIDS pandemic.

First, respect for human rights is vital in order to prevent the further spread of the epidemic. When human rights are respected, people are better able to protect themselves from being infected. In addition, a society that respects human rights offers more efficient protection to those who are not infected.

Secondly, respect for human rights empowers individuals by addressing social, cultural and legal factors, thus reducing their vulnerability to infection.

Thirdly, respect for human rights reduces stigma and discrimination. This helps to strengthen support and improve care for individuals already infected, thus reducing the negative impact.

Fourthly, respect for human rights allows individuals and communities to better respond to the epidemic. They are able to act effectively by organizing themselves and accessing relevant information for prevention and care.

Participants indicated that there was a vital link between an effective and sustainable response to the HIV/AIDS crisis and respect for all human rights, especially those that guarantee non-discrimination, gender equality and the meaningful participation of affected and vulnerable groups.

The human rights message is a positive one. Many participants underlined that protecting the rights of people with HIV/AIDS means treating them not as victims, but rather as bearers of rights. Respect for human dignity must be the core of our actions.

The need for accountability at all levels was raised, from Governments to the international community, not only for what we do, but also for what we neglect to do.

Many spoke of how HIV/AIDS affects a series of rights, including the right to the highest attainable standards of physical and mental health; to non-discrimination and gender equality; to privacy, to freedom of expression and association; to education; to information, including education about sex; and to employment rights and the right to development.

The link between the spread of HIV/AIDS and poverty was also acknowledged, with calls for the right to development to be seriously addressed.

Participants noted that the protection of intellectual property rights is important, but that this should not override enjoyment of human rights,

especially the right to adequate access to medication and care.

During the debate, many delegations indicated that the time had come to break the silence around HIV/AIDS, calling for an open and blunt public discourse about the factors that allow HIV/AIDS to thrive, how it is transmitted and who is affected. Governments were encouraged to lead open and inclusive discussions. Only when the silence is broken will problems and challenges be addressed and effective solutions found.

An important aspect of breaking the silence which was stressed repeatedly was the need to challenge and redress stigma and discrimination, especially with regard to gender, sexual behaviour, inequality and justice.

The right to non-discrimination is a fundamental human right. Discrimination and stigma -- born of ignorance -- have driven the failure to meaningfully address HIV/AIDS. It has built a wall that blocks recognition of the extent of the crisis -- blocking access of the vulnerable, stopping those affected from coming forward, blocking the provision of information, and sidelining from participation those infected and affected. The principle of non-discrimination is also the basis for the effective realization of all other rights.

A number of delegations pointed to the need to address gender inequality in a serious manner, to empower women and girls, to ensure their right to information, especially sex information, to ensure their access to treatment and to ensure their protection from violence and abuse. It was pointed out that failure to respect women's rights goes beyond an injustice -- it is fatal.

Gender inequality is fuelling the rapid spread of HIV. Many women and girls are not in a position to say no to unwanted sex, nor can they negotiate condom use.

The power imbalances between men and women are a major factor in driving the epidemic. Further, women are increasingly taking on the burden of caring for the sick and dying, as well as for the next generation.

Many speakers addressed the right to participate and the importance of ensuring that the response to the epidemic is inclusive. A supportive environment should be created for all individuals and communities to effectively participate -- that is, people living with HIV/AIDS, children, women and other vulnerable groups.

In conclusion, I should like to stress that it was the common view that the right to non-discrimination, equality and participation, which are reflected in the draft declaration of commitment, are the starting point for our actions. The declaration is an essential tool for assisting Governments and civil society to address human rights in the context of the epidemic at the national, regional and international levels. It contains measurable goals and targets to address human rights issues. It emphasizes the need for strengthening monitoring mechanisms for HIV/AIDS-related human rights. It is also the first time a declaration on HIV/AIDS has acknowledged the importance of accountability.

Implementation of the Declaration requires the full commitment of States to the principles of non-discrimination, equality and participation in all HIV/AIDS-related activities and programmes.

The President: I now give the floor to His Excellency Mr. Shamshad Ahmad, Permanent Representative of Pakistan to the United Nations, who, on behalf of the Chairman of round table 3, His Excellency Mr. Abdul Malik Kasi, Minister of Health of Pakistan, will deliver an oral presentation concerning the round table held yesterday afternoon, Tuesday, 26 June 2001.

Mr. Ahmad (Pakistan): As the President has just said, Pakistan's Minister of Health, Mr. Abdul Malik Kasi, presided over the third round table, on the socio-economic impact of the epidemic and the strengthening of national capacities to combat HIV/AIDS. Since the minister had to leave New York earlier this afternoon, it is my honour to present to the Assembly a summary of the discussions in that round table.

The round table provided a useful opportunity for an open and interactive thematic dialogue. Discussions focused on the socio-economic issues identified in the document prepared by the Secretariat for the round table, on current levels of global response, and on the four priority areas set out in the background paper as a way forward for collective action.

All participants underscored the need for urgent global action against HIV/AIDS and expressed their keenness about evolving a common strategy to prevent

and combat this unprecedented threat to humanity. Representatives of States described their national and regional programmes and strategies to fight the epidemic and to reduce its socio-economic impact. It was generally agreed that each country had to devise its own strategy for prevention and for combating the disease, and had to implement goal-oriented policies. International involvement was to be limited to advancement and to making available adequate resources for affordable and sustainable treatment and medicine for every victim of HIV/AIDS, without any discrimination or selectivity.

Participants in the round table agreed that HIV/AIDS and poverty were closely linked and that poverty reduction had therefore to be an integral part of the campaign against the epidemic. Debt relief and increased flows of official development assistance were essential to that effort, and more information was sought about the operation of the global fund that had recently been launched.

Participants also stressed the need for education and information, including values-based information, to change the behaviour of young people and to provide social support for people living with HIV/AIDS. One speaker suggested that faith-based organizations could play an important role in those efforts. Emphasis was placed also on broader access to health care and treatment, including counselling and testing, prevention of mother-to-child transmission and management of related diseases and infections. Health care infrastructure also needed to be strengthened.

Some speakers introduced the concept of social capital, which was defined as a network of shared values that strengthened the social fabric and in which societies must invest. Participants agreed on the need to place emphasis on vulnerable social groups, including the poor, orphans, women, children and the elderly, and to respect their rights and their dignity.

Participants stressed that, since this was a common challenge, it must be fought with a unified approach. In that regard, the view was expressed that any common approach must show full respect for the cultures, faiths and values of others. There should be no attempt to impose the norms of one society on others. The paramount need is to reduce poverty and increase availability of resources for prevention, care and treatment, which should be affordable for every victim without discrimination or selectivity.

It was generally agreed that political commitment at the highest level was needed in order to successfully combat the epidemic. The gravity of the problem had now been recognized and efforts were being made to forge a common strategy.

Finally, I wish, on behalf of Pakistan's Minister of Health, to thank all participants in the round table for their interest, their valuable views and their active participation during the round table.

The President: I now give the floor to Her Excellency The Honourable Anna Abdallah, Minister of Health of the United Republic of Tanzania, who, on behalf of the Chairman of round table 4, His Excellency Mr. Benjamin William Mkapa, President of the United Republic of Tanzania, will deliver an oral presentation concerning the work of the round table held this morning, Wednesday, 27 June 2001.

Ms. Abdallah (United Republic of Tanzania): I have the honour to present an oral summary of the work of round table 4, on international funding and cooperation, on behalf of the Chairman of that round table, His Excellency President Benjamin William Mkapa, who, regrettably, could not join us this evening.

In his introductory remarks, the Chairman said that the challenge facing the international community was to ascertain how to mobilize a level of resources commensurate with the magnitude of the HIV/AIDS crisis. It was a task that required partnerships among Governments, civil society, the private sector, bilateral and international agencies, foundations and community groups.

The World Bank President, Mr. James Wolfensohn, highlighted for discussion the following issues, which were contained in the background paper prepared for the round table:

First, each developing country needs to lead its own effort against HIV/AIDS. All external partners need to work together under the country's leadership and within the rubric of the country's strategy;

Secondly, developing countries need to increase their national investments in HIV/AIDS;

Thirdly, official, philanthropic and private contributors need to multiply and speed disbursement of their financial and technical commitments to

HIV/AIDS. Partnerships also need to expand to include more businesses and foundations;

Fourthly, civil society should be centrally involved in global cooperation and funding;

Fifthly, conclusion of negotiations on the global fund.

The United Nations Development Programme (UNDP) Administrator, Mr. Mark Malloch Brown, said that the figure of $9.2 billion for the proposed global fund represented a realistic and sober assessment of the projected cost of an effective global campaign against HIV/AIDS. Between a third and a half of that sum needed to come from domestic sources, which meant a major shift in the spending priorities of Governments of AIDS-affected countries. The private sector with its marketing skills, outreach and economic resources had an important role to play, as did civil society and foundations like the Bill and Melinda Gates Foundation. Ultimately, however, the fight had to be led by national decision makers at the country level, since each country had a different set of priorities and its own special characteristics.

In the general discussion that ensued, there was a broad consensus that political commitment at the highest level was of crucial importance. In that connection, several speakers welcomed the Abuja Declaration as a tangible expression of the commitment of African leaders to the fight against HIV/AIDS. The view was expressed that less affected countries, which were generally the more affluent countries, had a moral obligation to contribute to the alleviation of the human suffering caused by the epidemic. It was also suggested that a dynamic, not a static, approach to the problem was needed, since the situation was constantly evolving. Other speakers stressed the need to focus on vulnerable social groups, including the poor, women, children and orphans, and to take advantage of the best practices and lessons learned in those countries, like Brazil and Thailand, which had succeeded in reducing the incidence of the epidemic.

On the question of the link between poverty and HIV/AIDS, the representative of Botswana suggested that his country might be studied to determine why its rate of infection was so high, even though Botswana was not a poor country.

On the subject of national leadership and the integration of HIV/AIDS into national development plans, emphasis was placed on the importance of strong prevention programmes. It was noted, however, that the countries of sub-Saharan Africa, in particular, which were hard hit by the twin scourges of poverty and HIV/AIDS, had little capacity to respond to the challenges they faced. Funds were needed for the implementation of programmes and the strengthening of health institutions and delivery systems. A spirited appeal was made by the representative of the African Council of AIDS Service Organizations for disbursement procedures to be streamlined and made more transparent and for donors to listen to local community groups when they articulated their needs on the ground. Participants generally agreed that both national authorities and their partners needed to do more to integrate HIV/AIDS into national development plans and poverty reduction strategies, to build capacity to address HIV/AIDS in all sectors, and to strengthen health systems and infrastructure.

On the need for developing countries to increase their national investments in HIV/AIDS, a number of speakers pointed to the difficult choices faced by resource-constrained developing countries. The representative of Dominica, for example, noted that the cost of caring for an HIV-infected person was equal to the cost of educating 10 young persons for productive roles in society. It was nevertheless recognized that, despite the difficulties, Governments must translate their political commitment into budgetary commitments. The role of external assistance, however, including through debt relief, continued to be of crucial importance.

On the question of expansion of partnerships to include more businesses, philanthropic and private contributors and foundations, the representative of the Bill and Melinda Gates Foundation urged grant makers the world over to make HIV/AIDS a priority and to address the immediate emergency. However, they also had a responsibility to think in the longer term. If a long-term approach to prevention and research had been adopted 20 years previously, perhaps an HIV/AIDS vaccine would have already been found and meetings like the current special session would not have been necessary.

It was generally agreed that civil society had played a pivotal role in all countries that had had success against HIV/AIDS and that every effort should be made to take advantage of the comparative advantages offered by the various civil actors. That

participation should be broad-based and include persons living with HIV/AIDS and representing the voices of women, men, adults and youth. At the country level, civil society should have a direct role in AIDS governing bodies, and those bodies should channel a significant share of HIV/AIDS resources directly to the community level and to civil society organizations.

A good part of the discussion focussed on the conclusion of negotiations on the global fund. Some speakers called for technical studies to be conducted and relevant data collected as inputs for a global master plan. Others questioned how the figure of $US 9.2 billion had been arrived at. The representative of France favoured the creation of a fund which, though not a United Nations fund, would have broad involvement of United Nations specialized agencies. Other participants felt that, because of its broad experience, UNAIDS should be the lead management agency of the fund, while yet others felt that it should be managed by an intergovernmental body of the General Assembly. The fund should be participatory, transparent and equitable in its rules and operation and should not be used to impose the norms and values of one society on another. Many speakers stressed that the fund's resources should be additional to the resources currently allocated to HIV/AIDS and that a large portion of those resources should be in the form of grants rather than loans. A number of participants pointed out that, in addition to the proposed fund, developed countries should grant greater access to their markets for the products of developing countries to enable them to assume a greater share of the responsibility for the fight against HIV/AIDS.

All participants agreed that it was essential to conclude the negotiations on the global fund as soon as possible, and if possible by the end of 2001.

In his concluding remarks, Mr. Malloch Brown reminded participants that trust in developing-country stakeholders was pivotal to the success of the proposed fund. Without that trust, bureaucracy would doom the global fund to failure.

Agenda item 7 (*continued*)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

Agenda item 8 (*continued*)

Adoption of the final document

The President: In connection with agenda item 7, the General Assembly has before it a draft resolution issued as document A/S-26/L.2, containing the Declaration of Commitment on HIV/AIDS.

I give the floor to the representative of the Secretariat.

Mr. Jin Yongjian (Under-Secretary-General for General Assembly Affairs and Conference Services): The Secretariat has been informed that there are technical errors and omissions in the Arabic, French and Spanish translations of the Declaration before participants. The Secretariat wishes to assure delegations that the corrections will be made and will be reflected in the final version of the Declaration.

The President: As members are fully aware, the Declaration of Commitment on HIV/AIDS, contained in the draft resolution, is the outcome of a long and onerous negotiation process conducted by the two co-facilitators I appointed pursuant to General Assembly resolution 55/13, namely Her Excellency Ms. Penny Wensley, Permanent Representative of Australia to the United Nations, and His Excellency Mr. Ibra Deguène Ka, Permanent Representative of Senegal to the United Nations.

I should like to express my most sincere thanks to Ambassador Penny Wensley and Ambassador Ibra Deguène Ka for their time, patience, perseverance and leadership. With their help and invaluable contributions, the Declaration of Commitment on HIV/AIDS contained in draft resolution A/S-26/L.2 is ready now for action by the Assembly.

I am sure that members of the Assembly join me in expressing our heartfelt appreciation and thanks.

I give the floor to Her Excellency Ms. Penny Wensley of Australia.

Ms. Wensley (Australia): It is an honour for me and for the Government and country I represent — Australia — that I have been asked to present this landmark document to delegations for their approval and adoption. Just as it was an honour to be asked by you, Mr. President, to serve as co-facilitator of the preparatory process for this historic special session on HIV/AIDS.

It has been my privilege to work with you and your staff, with the dedicated secretariats of the General Assembly and of UNAIDS, with my fellow facilitator, Ambassador Ka of Senegal, with the agencies and departments within the United Nations system that deal with HIV/AIDS and, above all, with the delegates, the representatives of Member and Observer States, to produce the declaration that is the principal product of the session and which commits the international community to taking purposeful action to address this devastating disease and the threat that its continuing growth and spread represents to mankind.

The Declaration, included as an annex to the resolution contained in document A/S-26/L.2, is not a perfect text, but it is a good text — action-oriented and practical.

It comprises a comprehensive preambular section and 11 separate sections, as you all see them listed in the document, starting with what everybody recognizes as the most important, leadership, and ending with follow up. My fellow facilitator and dear friend Ambassador Ka will speak in a little more detail about each of the sections.

Each section begins with a caption, or in some cases captions, designed to send a clear, simple, striking message about the critical area being addressed, whether this be resources, children orphaned and made vulnerable by HIV/AIDS, or research and development. The drafters were acutely aware that one of the main purposes of this special session was to raise international awareness of HIV/AIDS, and we wanted to produce a text that was not only readable but that drove the message home.

Each section in the Declaration identifies priorities, sets broad goals and, in as many cases as possible, specific targets for action, with specific timetables for that action, in a framework of three, five or ten years. And in each section, effort has been made to show where the primary responsibility for taking the action lies: whether it is with national Governments, at the regional or international level, or a combination of these.

All the recommendations and specific goals and targets are firmly based on technical advice, drawing in particular on the expertise and the experience of UNAIDS and its cosponsoring agencies — and what remarkable people they all are — as well as on the practical, direct experience of Governments and others who have been dealing or living with the pandemic.

Significant effort has been made to find the right balance — and I believe that we have achieved that — between prevention and care, treatment and support, and to ensure a truly global approach, with proper emphasis on the worst affected countries and regions and those that are at most risk, while recognizing that countries or communities not yet seriously affected must be protected. As such, we believe that the Declaration strikes new ground for preventive approaches.

Other significant features are the strong emphasis on human rights and gender issues and on coordination, cooperation and partnership.

Particular emphasis is given throughout the whole document to the role of people living with HIV/AIDS and to civil society. It is no accident that the final words of this governmental document refer to civil society. The document takes account of different cultural perspectives and values and acknowledges the very different situations and circumstances that confront individual countries.

That was not just necessary in order to achieve agreement among 189 Member States; it was fundamentally important to enable us together to present the draft declaration to our Governments and to our leaders, and to the international community as a whole, as one which defines genuinely agreed common priorities and commitments which all of us can endorse and which, together, all of us can now work to implement. For, once it has been adopted, it is only in implementation that our commitment will be meaningful, that the worth of the document will be tested, that the lives of the millions of people now at risk of HIV/AIDS may have a chance of being saved and that the suffering and the pain of those already infected or affected may be eased, their future, their hope and their faith in humanity restored and their belief in the United Nations as a compassionate organization committed to the protection of the rights

of all people, and especially of the weak and the vulnerable, justified.

I commend the draft declaration of commitment on HIV/AIDS for adoption by consensus.

The President: I now give the floor to His Excellency Mr. Ibra Deguène Ka of Senegal.

Mr. Ka (Senegal) (*spoke in French*): It is a great honour for my country, Senegal, and for me personally to introduce to the General Assembly draft resolution A/S-26/L.2, to which is annexed the draft declaration of commitment on HIV/AIDS, "Global crisis — global action".

As members know, in the light of the devastating scale and impact of HIV/AIDS, the Millennium Assembly decided that urgent, coordinated world action at all levels was needed to combat the epidemic. The draft declaration is the global response of all members of the international community to the world crisis of the HIV/AIDS pandemic. Let me now summarize that global response, whose commitments are set out in 11 sections.

The preambular part of the draft declaration consists of 36 paragraphs, which review previous commitments and draw attention to all the aspects of this disease that have the gravest effects on life, human dignity and the exercise of fundamental human rights.

The next section focuses on shared leadership and calls for proactive measures. Here, the proposed commitments are based on a recognition that an effective response to the HIV/AIDS epidemic requires proactive measures, personal commitment, concrete actions and strategies at the national, regional, subregional and global levels. But such leadership also depends on commitment by civil society, business and the private sector working hand in hand with Government.

The commitments set out in the section on prevention are based on the belief that prevention must be the mainstay of our global response in reducing the incidence of HIV/AIDS among adolescents and young men and women in the most affected countries through prevention, information, education and communication programmes.

The commitments in the next section focus on care, support and treatment, which are fundamental elements of an effective response in combating the epidemic.

The next section is headed HIV/AIDS and human rights. Its commitments are based on the fact that realization of fundamental human rights is essential to reduce vulnerability to HIV/AIDS by enabling members of vulnerable groups fully to enjoy their human rights, inter alia by empowering women to protect themselves against risk of infection.

The commitments set out in the section on reducing vulnerability focus on the belief that the vulnerable must be given priority in the response, and on working towards greater empowerment of women.

The next section focuses on children orphaned and made vulnerable by HIV/AIDS. Its commitments are aimed at providing special assistance for the ever growing number of children orphaned and affected by HIV/AIDS by creating a supportive environment and protecting them from all forms of abuse.

The commitments set out in the section on alleviating social and economic impact are intended to establish the connection between the fight against HIV/AIDS and investment in productivity and economic growth.

The next section is on research and development. Its commitments are intended to increase investment and accelerate research on the development of HIV vaccines, while building national research capacity, especially in developing countries.

The commitments contained in the section on HIV/AIDS in conflict and disaster affected regions reflect the fact that natural disasters and humanitarian emergencies are often fertile breeding grounds for the spread of HIV/AIDS. Here, measures are proposed to protect affected populations, including refugees, internally displaced persons, women and children, from the risk of infection.

The commitments proposed in the important section on resources are aimed at ensuring that additional, new and sustainable resources are drawn from all possible sources in order to carry out the crusade against HIV/AIDS. If we are to fight effectively against this daunting epidemic that daily causes further devastation, substantial resources must be available. Between now and 2005, an annual global expenditure of between $7 billion and $10 billion should be progressively mobilized to combat

HIV/AIDS. These resources will come primarily from donor countries, national budgets, official development assistance and the measures taken as part of the Heavily Indebted Poor Countries Debt Initiative. Those funds will also come from measures to alleviate effectively and concertedly the debt burden of least developed countries and low- to medium-income countries. Increased investment in research is also recommended in order to develop affordable sustainable prevention technologies.

The section on resources draws, above all, on the idea of creating, as a matter of priority, a global fund to combat AIDS and to promote health. In particular, the purpose would be to fund far-reaching and urgent efforts to fight the epidemic.

Finally, the draft Declaration pays tribute to all those who have involved themselves in the effort to combat AIDS, first and foremost the Secretary-General. It also requests them to take appropriate steps to implement the commitments made in the course of the special session.

Throughout the 36 paragraphs of the draft Declaration's preambular part and its 11 sections containing the commitments, the exceptional situation in Africa, and in particular in the sub-Saharan region, has received particular attention, as has that of the Caribbean and other seriously affected countries of the world. The resources of all these countries to fight the epidemic are extremely limited.

The draft resolution I have just summarized for the Assembly was the subject of lengthy negotiations. Launched on 15 December 2000, those negotiations achieved overall consensus only late yesterday afternoon, 26 June 2001. Between those two dates, two sessions of informal intergovernmental consultations and numerous other informal meetings took place, reflecting the demanding nature of the task to which all delegations devoted themselves. During that same period an ongoing dialogue that took many forms was held in both governmental and non-governmental organizations. I must say that their participation throughout the entire preparatory process was both positive and extremely enriching.

But the negotiations were also difficult because, over and above the differences in approach that are inevitably involved when dealing with different national contexts, convictions and situations, the consideration of the issue of HIV/AIDS in all its aspects revealed that there was extreme sensitivity with regard to certain issues, and at times this raised doubts about the actual possibility of agreement on core issues. However, thanks to the ability of people on both sides to rise above their differences, and thanks also to the profound desire of all delegations involved in the preparatory process to give more hope to the millions of people infected throughout the world, we have reached agreement today.

In the hope that this draft resolution will be adopted by consensus, I would like, on behalf of my friend and co-facilitator Ambassador Penny Wensley of Australia, and on my own behalf, to appeal to our leaders gathered here to see to it that the specific commitments we are all about to enter into as part of this global partnership against HIV/AIDS are scrupulously respected.

I cannot conclude without saying how pleasant it has been for Penny Wensley and me to work under your leadership, Mr. President and to have been guided by your valuable advice. I must also single out the effective, competent and sustained support provided both by the secretariat of UNAIDS and the team of the General Assembly Affairs Division. Thanks are due to one and all for the tremendous efforts they have made. Of course, I also wish to thank our interpreters, on whom we frequently inflicted difficult, if not painful, working hours.

The President: The Assembly will now take a decision on the draft Declaration of Commitment on HIV/AIDS, contained in draft resolution A/S-26/L.2.

May I take it that the Assembly wishes to adopt the draft Declaration of Commitment on HIV/AIDS, contained in draft resolution A/S-26/L.2?

Draft resolution A/S-26/L.2 was adopted (resolution S-26/2).

The President: I call on the representative of Nepal, who wishes to speak in explanation of position.

May I remind delegations that explanations of position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Sharma (Nepal): On behalf of my delegation and on my own behalf, I wish to congratulate you, Sir, the Secretary-General, Ambassador Wensley and Ambassador Ka for the successful conclusion of this special session of the General Assembly on HIV/AIDS.

It has been possible only because of the wisdom and dedication with which you and so many others have worked day and night to bring us to this happy state, when we have just adopted the historic document.

Overall, we are very happy with the final outcome of this special session on HIV/AIDS. I hope that this special session will make a real difference in the lives of the victims of HIV/AIDS, of those who are at risk and of ordinary people like you and me. Having said this, my delegation would like to place the following statement on record.

War against the pandemic of HIV/AIDS has always remained high among our priorities. Accordingly, my delegation has been actively engaged ever since the preparatory process of the special session of the General Assembly on HIV/AIDS began in February. It has been evidently clear during the process that winning the war against the menace of HIV/AIDS is contingent entirely on the concerted efforts of national Governments, civil society and the private sector, as well as development partners, philanthropic foundations and the community at large. Among other things, the availability of new and additional resources will be critical to implementing the final document we have just adopted. The deliberations, both in the plenary and at the interactive round tables of this special session during the past three days, have only strongly endorsed this reality.

Nepal's constructive proposal to include in the Declaration of Commitment on HIV/AIDS a clear reference to the commitment to fulfil official development assistance targets was based on that fact of life. We strongly believe that such a reference would have been only appropriate in the fight against HIV/AIDS, which has increasingly grown into a development challenge of global scale, and especially in light of the explicit agreement at the Third United Nations Conference on the Least Developed Countries, concluded in Brussels only last month.

However, despite our best efforts in the spirit of cooperation and understanding, our proposal remains unaccommodated in the Declaration. Our intention all along was to strengthen the Declaration and not to stand in the way of the consensus that is so essential to such a collective effort.

Nepal would have certainly preferred to have the spirit, if not the exact formulation, of the Programme of Action for the Least Developed Countries, 2001-2010, on official development assistance in the Declaration before us. Nevertheless, we have joined the consensus in the belief that the developed countries will continue to follow the spirit of the Third Conference on the Least Developed Countries, while allocating their resources for combating HIV/AIDS to that group of countries, and that the wording contained in paragraph 83 of the Declaration will not be used or cited as a precedent in future negotiations on official development assistance commitment to the least developed countries.

The President: I call on the observer of the Holy See.

Reverend Monsignor Frontiero (Holy See): My delegation wishes to offer our sincere appreciation to all of those who spent countless hours in discussing and negotiating this outcome document. In this regard, the Holy See wishes to give special commendation to Ambassador Wensley of Australia and Ambassador Ka of Senegal, as well as to the experts from the Joint United Nations Programme on HIV/AIDS, for their tireless efforts.

The Holy See welcomes the consensus decision of the special session and the adoption of the Declaration of Commitment on HIV/AIDS, and offers the following statement of interpretation. I would ask that the text of this statement, which includes the official position of the Holy See, as follows, be included in the report of the twenty-sixth special session of the General Assembly.

As demonstrated by the calling of this special session and revealed by the due attention given to the pandemic, the family of nations has stated its resolve to address the needs of those whose lives have been ravaged by this horrible disease. The Holy See, in taking part in these discussions, joins in that resolve and in that commitment. The Holy See, in conformity with its nature and particular mission, reaffirms all of the reservations that it has previously expressed at the conclusion of the various United Nations conferences and summits, as well as the special sessions of the General Assembly for the review of those meetings.

Nothing that the Holy See did during the discussions leading up to the adoption of the Declaration of Commitment on HIV/AIDS should be understood or interpreted as an endorsement of concepts that it cannot support for moral reasons. Regarding the terms "sexual health", "reproductive

health" and "sexual and reproductive health", the Holy See considers these terms as applying to a holistic concept of health which embraces the person in the entirety of his or her personality, mind and body and which fosters the achievement of personal maturity in sexuality and in the mutual love and decision-making that characterize the conjugal relationship, in accordance with moral norms.

The Holy See wishes to emphasize that, with regard to the use of condoms as a means of preventing HIV/AIDS infection, it has in no way changed its moral position.

The Holy See regrets that not enough emphasis has been given to an understanding of the relationship between the promotion and protection of human rights, based upon a recognition of the human dignity in which all human beings share, and the ability to be protected from the irresponsible behaviour of others. It is only through respect and mutual understanding that people can truly be empowered to protect themselves and others from HIV infection. The Holy See also regrets that irresponsible, unsafe and high-risk or risky behaviour was not adequately discussed and addressed in preparing this Declaration.

Finally, the Holy See continues to call attention to the undeniable fact that the only safe and completely reliable method of preventing the sexual transmission of HIV is abstinence before marriage and respect and mutual fidelity within marriage. The Holy See believes that this is, and must always be, the foundation of any discussion of prevention and support.

The Holy See asks that this statement of interpretation be included in the report of this special session.

The President: I call on the representative of Mexico on a point of order.

Ms. Uribe (Mexico) (*spoke in Spanish*): Let me say on behalf of the Spanish-speaking delegations that we are pleased that the Secretariat has detected the omissions and translation and editing errors in the Spanish version of the document adopted by the General Assembly. In support of this, we will deliver to the Secretariat a written version of the corrections of the Spanish text that are necessary for it to faithfully follow the adopted version. We request that the official version in Spanish be corrected in accordance with the comments that we are going to submit in due time.

The President: I call on the representative of France on a point of order.

Mr. Gaubert (France) (*spoke in French*): In line with the comments of the previous speaker, I am going to make a very brief statement which has the support of the following French-speaking countries: Belgium, Benin, Bulgaria, Burkina Faso, Cameroon, Canada, Côte d'Ivoire, Djibouti, Gabon, Haiti, Lithuania, Luxembourg, Morocco, Poland, Romania, Switzerland and Togo.

We are pleased that the Secretariat is taking the initiative of undertaking a technical revision of the translation, particularly in French, of the Declaration of Commitment. We will submit to the Secretariat as soon as possible suggestions that, in our view, will improve the faithfulness of the French translation to the English text.

The President: This concludes the statements after the adoption of the Declaration.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda items 7 and 8?

It was so decided.

Closing statement by the President

The President: A historic special session of the General Assembly has come to an end.

Three days ago we gathered here in New York to unite in a massive global commitment to combat the HIV/AIDS epidemic, responding to a global crisis of unprecedented scale. Despite the overwhelming statistics I highlighted on Monday, and the human suffering they represent, there is hope. Speakers in the plenary and in the round tables emphasized that we have clearly reached a turning point: either we will reach out to those who need this hope most, or we will be held responsible for not acting when we have the chance.

This special session is also historic in the sense that it takes place only six months after the General Assembly decided to convene the session to mount an urgent response to this global crisis. An enormous amount of work has been put in by all of us to make this happen.

During these three days Member States, intergovernmental organizations, United Nations

agencies, civil society and private sector partners came together — in round table discussions, panels, workshops and countless meetings in corridors and cafes — to share experiences, make new contacts and explore potential collaboration in mounting an expanded response to the epidemic.

This special session gave ample evidence of how the United Nations can benefit from working with partners in civil society and the private sector.

The Declaration of Commitment just adopted by Member States is the first global battle plan against AIDS. It contains concrete targets for all of us to implement. It also contains mechanisms to follow up on how those targets are to be reached. The beauty and significance of this Declaration of Commitment lie in its pragmatic and straightforward approach.

By adopting the Declaration, the world has made a commitment to scale up efforts, with specific targets and time frames in all critical areas, including prevention, care, treatment and support. The Declaration is a call for leadership and commitment at all levels in all countries; it is a framework for broad partnerships and a tool for specific strategies — involving communities, young people and people living with HIV/AIDS — to turn the tide of the epidemic.

The Declaration is also a global call for the resources that we so urgently need. In this regard, the establishment of a global fund has been welcomed, and a number of countries have announced pledges both to the fund and to the fight against AIDS.

In closing, I should like to extend once again my special thanks to the two facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal. Their commitment and unyielding determination, matched by the tireless efforts of all the representatives here, and their resolve to find a solution to difficult and sensitive issues, brought us to a positive conclusion of this special session. Let me also express my appreciation to the Chairmen of the round tables.

I should also like to thank the secretariats, the Department of General Assembly Affairs and Conference Services and the UNAIDS team for all their hard work, as well as every other department in this house that worked countless hours to make this special session of the General Assembly on HIV/AIDS very special indeed.

Let me finish by saying that we worked hard, but in fact, the real work starts only now — with new determination and vision.

We have now come to the end of the twenty-sixth special session of the General Assembly. May I invite representatives to stand and observe one minute of silent prayer or meditation.

The members of the General Assembly observed a minute of silent prayer or meditation.

Closure of the twenty-sixth special session

The President: I declare closed the twenty-sixth special session of the General Assembly.

The meeting rose at 8.30 p.m.